# Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 1 of 64

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| DISTRICT OF NEBRASKA                            |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ■ Chapter 13                  | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:  | Identify Yourself   |  |   |   |
|-----|--|---|--|---|---|
|     |  |   | About Debtor 1:                                  | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You  | r full name   |  |   |   |
|     |  | e the name that is on   | Kristopher                                       |   |   |
|     | your government-issu<br>picture identification (i<br>example, your driver's<br>license or passport). | government-issued<br>are identification (for  | First name                                       | F | First name                                    |
|     |  | nple, your driver's   | Howard   | _ |   |
|     | Bring your picture identification to your meeting with the trustee.                                  |   | Middle name                                      | ľ | Middle name                                   |
|     |  |   | Ritchie Last name and Suffix (Sr., Jr., II, III) | ī | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | use  | other names you have  | Kris Howard Ritchie                              |   |   |
|     |  | ide your married or<br>Ien names.   |  |   |   |
| 3.  | youi<br>num<br>Indi  | the last 4 digits of Social Security ber or federal vidual Taxpayer tification number | xxx-xx-5882                                      |   |   |

Case number (if known)

Debtor 1 Kristopher Howard Ritchie

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  | 4005 N 504- A   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 1025 N 50th Ave<br>Omaha, NE 68132<br>Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Douglas   |  |  |  |  |
|  |   | County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 3 of 64

Debtor 1 Kristopher Howard Ritchie

Case number (if known)

| Par | t 2: Tell the Court About   | our B  | ankruptcy Ca   | se   |                          |   |   |  |  |
|-----|---|--|--|--|--------------------------|---|---|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  □ Chapter 7 |  |  |                          |   |   |  |  |
|     | choosing to file under  |  |  |  |                          |   |   |  |  |
|     |   | □с   | hapter 11  |  |                          |   |   |  |  |
|     |   | □с   | hapter 12  |  |                          |   |   |  |  |
|     |   | <b>■</b> C   | hapter 13  |  |                          |   |   |  |  |
| 8.  | How you will pay the fee  | •  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. |  |                          |   |   |  |  |
|     |   |  |  | the fee in installments. If  |                          | e this option, sign   | and attach the Applica                      | ation for Individuals to Pay                                     |  |
|     |   |  | ŭ  | e in Installments (Official For<br>t <b>my fee be waived</b> (You ma | ,                        | this option only it   | f you are filing for Char                   | oter 7. By law, a judge may                                      |  |
|     |   | Ц  | but is not requapplies to you  | ired to, waive your fee, and   | may do so<br>able to pay | only if your income the only if your income of the fee in install | me is less than 150% oments). If you choose | of the official poverty line that this option, you must fill out |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No   |  |  |                          |   |   |  |  |
|     |   |  |  | Northern District of   |                          |   |   |  |  |
|     |   |  | District   | Georgia  | When                     | 3/10/10   | Case number                                 | 10-10945   |  |
|     |   |  | District   | District of Montana  | When                     | 3/26/99   | Case number                                 | 99-40750   |  |
|     |   |  | District   |  | When                     |   | Case number                                 |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   | )  |  |                          |   |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye   | es.  |  |                          |   |   |  |  |
|     |   |  | Debtor   |  |                          |   | Relationship to y                           | /ou  |  |
|     |   |  | District   |  | When                     |   | Case number, if                             | known  |  |
|     |   |  | Debtor   |  |                          |   | Relationship to y                           | /ou  |  |
|     |   |  | District   |  | When                     |   | Case number, if                             | known  |  |
| 11. | Do you rent your  | □ No   | o. Go to lii   | ne 12.   |                          |   |   |  |  |
|     | residence?  | ■ Ye   | es. Has you  | ur landlord obtained an evict  | ion judgm                | ent against you a   | nd do you want to stay                      | in your residence?   |  |
|     |   |  |  | No. Go to line 12.   |                          |   |   |  |  |
|     |   |  |  | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.           | nt About ar              | n Eviction Judgme   | ent Against You (Form                       | 101A) and file it with this                                      |  |

Debtor 1 Kristopher Howard Ritchie

Case number (if known)

| Par   | Report About Any Bu   | sinesses | You Own as                         | a Sole Proprie               | tor   |  |  |  |
|---|---|----------|------------------------------------|------------------------------|---|--|--|--|
| 12.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.    | Go to Par                          | t 4.                         |   |  |  |  |
|   |   | ☐ Yes.   | Yes. Name and location of business |                              |   |  |  |  |
|   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          | Name of                            | ousiness, if any             |   |  |  |  |
|   | If you have more than one sole proprietorship, use a  |          | Number,                            | Street, City, Sta            | te & ZIP Code   |  |  |  |
|   | separate sheet and attach it to this petition.  |          | Check the                          | e appropriate bo             | x to describe your business:  |  |  |  |
|   | •   |          |                                    |                              | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|   |   |          | ☐ Si                               | ngle Asset Real              | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|   |   |          | ☐ Si                               | ockbroker (as d              | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|   |   |          | □ C                                | ommodity Broke               | r (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|   |   |          | □ N                                |                              |   |  |  |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and you a small business  If you are filing under Chapter 11, the court must know whether you are a small business debtor so the deadlines. If you indicate that you are a small business debtor, you must attach your most recent bala operations, cash-flow statement, and federal income tax return or if any of these documents do not expose in 11 U.S.C. 1116(1)(B). |   |          |                                    |                              | a small business debtor, you must attach your most recent balance sheet, statement of   |  |  |  |
|   | debtor?   | ■ No.    | I am not f                         | iling under Chap             | oter 11.  |  |  |  |
|   | For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | □ No.    | I am filing<br>Code.               | under Chapter                | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|   |   | ☐ Yes.   | I am filing                        | under Chapter                | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Par   | t 4: Report if You Own or   | Have Any | Hazardous                          | Property or An               | y Property That Needs Immediate Attention   |  |  |  |
| 14.   | Do you own or have any  | ■ No.    |                                    |                              |   |  |  |  |
|   | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.   | What is the                        | hazard?                      |   |  |  |  |
|   | identifiable hazard to<br>public health or safety?<br>Or do you own any   |          | Minor office                       | attantina in                 |   |  |  |  |
|   | property that needs immediate attention?  |          | If immediate<br>needed, why        | attention is y is it needed? |   |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |          | Where is the                       | e property?                  |   |  |  |  |
|   | -   |          |                                    |                              | Number, Street, City, State & Zip Code  |  |  |  |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 5 of 64

Debtor 1 Kristopher Howard Ritchie

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Kristopher Howar  | d Ritchie  | Document  | Page 6 of 64  | (if known)   |  |  |  |  |
|-----|--|--|---|---|--|--|--|--|--|
| Dor | •  |  |   |   |  |  |  |  |  |
| Par |  |  |   |   | 1: 441100004000  |  |  |  |  |
| 16. | What kind of debts do you have?  | 16a.   |   | <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose."    |  |  |  |  |  |
|     |  |  | ☐ No. Go to line 16b.   |   |  |  |  |  |  |
|     |  |  | Yes. Go to line 17.   |   |  |  |  |  |  |
|     |  | 16b.   |   | ss debts? Business debts are debts to through the operation of the business   |  |  |  |  |  |
|     |  |  | ☐ No. Go to line 16c.   | ☐ No. Go to line 16c.   |  |  |  |  |  |
|     |  |  | ☐ Yes. Go to line 17.   |   |  |  |  |  |  |
|     |  | 16c.   | State the type of debts you owe that  | at are not consumer debts or busines  | s debts  |  |  |  |  |
| 17. | Are you filing under Chapter 7?  | ■ No.  | I am not filing under Chapter 7. Go   | to line 18.   |  |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and   | ☐ Yes.   |   | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ex are paid that funds will be available to distribute to unsecured creditors? |  |  |  |  |  |
|     | administrative expenses are paid that funds will be available for distribution to unsecured creditors? |  | □ No  |   |  |  |  |  |  |
|     |  |  | Yes   |   |  |  |  |  |  |
| 18. | How many Creditors do you estimate that you owe?   | <b>1</b> -49   |   | <b>1</b> ,000-5,000   | <b>2</b> 5,001-50,000  |  |  |  |  |
|     |  | 50-99  |   | □ 5001-10,000<br>□ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than100,000   |  |  |  |  |
|     |  | ☐ 100-1<br>☐ 200-9   |   | 10,001-23,000   | inore marrioo,000  |  |  |  |  |
| 19. | How much do you  | <b>\$</b> \$0 - \$50,000   |   | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion  |  |  |  |  |
|     | estimate your assets to be worth?  |  | 001 - \$100,000   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                |  |  |  |  |
|     |  | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion   |  |  |  |  |
| 20. | How much do you estimate your liabilities  | <b>\$</b> 0 - \$50,000   |   | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion  |  |  |  |  |
|     | to be?   |  | 001 - \$100,000   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                |  |  |  |  |
|     |  | ☐ \$100,001 - \$500,000<br>☐ \$500,001 - \$1 million   |   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion   |  |  |  |  |
| Par | t 7: Sign Below  |  |   |   |  |  |  |  |  |
| For | you  | I have ex  | xamined this petition, and I declare u  | nder penalty of perjury that the inform   | nation provided is true and correct.   |  |  |  |  |
|     |  |  |   | aware that I may proceed, if eligible, vailable under each chapter, and I ch  | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.          |  |  |  |  |
|     |  |  | orney represents me and I did not pay<br>nt, I have obtained and read the notic | or agree to pay someone who is not<br>be required by 11 U.S.C. § 342(b).  | an attorney to help me fill out this   |  |  |  |  |
|     |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |   |  |  |  |  |  |
|     |  | bankrupt<br>and 357  | tcy case can result in fines up to \$25d<br>1.                                  |   | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519 |  |  |  |  |
|     |  |  | topher Howard Ritchie her Howard Ritchie  | Signature of Debtor   | 2  |  |  |  |  |
|     |  |  | e of Debtor 1   | J.g. (a.a.) 5 5 5 5 6 6   | _  |  |  |  |  |

Executed on

MM / DD / YYYY

Executed on April 20, 2017 MM / DD / YYYY

Entered 04/20/17 16:06:55 Case 17-80548-TLS Doc 1 Filed 04/20/17 Desc Main Document Page 7 of 64 Case number (if known)

Debtor 1 Kristopher Howard Ritchie

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ashley A. Buhrman                    | Date          | April 20, 2017              |  |  |  |  |  |  |
|--|---------------|-----------------------------|--|--|--|--|--|--|
| Signature of Attorney for Debtor         | <del></del>   | MM / DD / YYYY              |  |  |  |  |  |  |
| Ashley A. Buhrman Printed name           |               |                             |  |  |  |  |  |  |
| John T. Turco & Associates, P.C., L.L.O. |               |                             |  |  |  |  |  |  |
| 2580 South 90th St.<br>Omaha, NE 68124   |               |                             |  |  |  |  |  |  |
| Number, Street, City, State & ZIP Code   |               |                             |  |  |  |  |  |  |
| Contact phone (402) 933-8600             | Email address | john.turco@johnturcolaw.com |  |  |  |  |  |  |
| 25036                                    |               |                             |  |  |  |  |  |  |
| Bar number & State                       |               |                             |  |  |  |  |  |  |

|                          |                          | Document             | Page 8 of 64 |                                      |
|--------------------------|--------------------------|----------------------|--------------|--------------------------------------|
| Fill in this inform      | mation to identify your  | case:                |              |                                      |
| Debtor 1                 | Kristopher Howa          | rd Ritchie           |              |                                      |
|                          | First Name               | Middle Name          | Last Name    |                                      |
| Debtor 2                 |                          |                      |              |                                      |
| (Spouse if, filing)      | First Name               | Middle Name          | Last Name    |                                      |
| United States Ba         | ankruptcy Court for the: | DISTRICT OF NEBRASKA |              |                                      |
| Case number _ (if known) |                          |                      |              | ☐ Check if this is an amended filing |
|                          |                          |                      |              |                                      |
|                          |                          |                      |              |                                      |

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  |                                      |                        |  |
|-----|--|--------------------------------------|------------------------|--|
| Par | t 1: Summarize Your Assets   |                                      |                        |  |
|     |  | Your assets<br>Value of what you own |                        |  |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                                   | 900.00                 |  |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                                   | 22,364.12              |  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                                   | 23,264.12              |  |
| Par | t 2: Summarize Your Liabilities  |                                      |                        |  |
|     |  |                                      | abilities<br>t you owe |  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                                   | 5,234.41               |  |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                                   | 0.00                   |  |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                                   | 34,531.26              |  |
|     | Your total liabilities   | \$                                   | 39,765.67              |  |
| Par | t 3: Summarize Your Income and Expenses  |                                      |                        |  |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                                   | 3,161.18               |  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                                   | 2,820.00               |  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |                                      |                        |  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch                         | nedules.               |  |
| 7.  | Yes What kind of debt do you have?   |                                      |                        |  |
|     | - Value dabta are primarily as polymore dabta. Consumer dabta are those (Consumed by an individual primarily for   |                                      | familia an             |  |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Entered 04/20/17 16:06:55 Desc Main Case 17-80548-TLS Doc 1 Filed 04/20/17 Page 9 of 64 Case number (if known) Document

#### Debtor 1 Kristopher Howard Ritchie

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,606.81

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim  |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following:   |          |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 0.00 |

|            | Cas                            | e 17-80548-TLS  | Doc 1            |   |                             | ' Entered 04/2  | 20/17 16:  | 06:55   | Desc M      | ain                             |
|------------|--------------------------------|---|------------------|---|-----------------------------|---|------------|---|-------------|---------------------------------|
| Fill       | in this infor                  | mation to identify your   | case and thi     |   |                             | 000 10 01 0 <del>-</del>  |            |   |             |                                 |
| Deb        | otor 1                         | Kristopher Howa   | rd Ritchie       | Name  | L                           | ast Name  |            |   |             |                                 |
|            | otor 2<br>buse, if filing)     | First Name  | Middle           | Name  | L                           | ast Name  |            |   |             |                                 |
| Uni        | ted States B                   | ankruptcy Court for the:  | DISTRICT         | OF NEBRASKA   |                             |   |            |   |             |                                 |
| Cas        | se number                      |   |                  |   |                             |   |            |   |             | ck if this is an<br>nded filing |
| SC<br>1 ea | chedu<br>ch category,          | orm 106A/B  le A/B: Prop  separately list and describ Be as complete and accura | e items. List a  |   |                             |   |            |   |             |                                 |
| nfor       | mation. If mo<br>wer every que | re space is needed, attach  | a separate sh    | eet to this form. (   | On the to                   | op of any additional page   |            |   |             |                                 |
|            | No. Go to Pa                   | have any legal or equitable art 2. is the property?                             | e interest in ar | iy residence, bull  | oing, iar                   | nd, or Similar property?  |            |   |             |                                 |
| 1.1        | County                         | of land located in Apa  | che              | Single-fa   | amily homor multi-u         | Check all that apply ne nit building cooperative  | the amount | uct secured cla<br>t of any secure<br>Who Have Clai | d claims on | Schedule D:                     |
|            | City                           | State   | ZIP Code         | ☐ Manufac   |                             | mobile home   | Current va |   | Current v   | value of the ou own?            |
|            |                                | W   |                  | ☐ Timeshare ☐ Other  Who has an interest in the property? Check one ☐ Debtor 1 only |                             | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Fee Simple |            |   |             |                                 |
|            | County                         |   |                  | At least of Other informat  | and Deb                     | otor 2 only<br>e debtors and another<br>wish to add about this ite  | (see ins   | c if this is con<br>structions)<br>cal              | nmunity pro | perty                           |
|            |                                |   |                  | 2017 tax as<br>to purchase  | ns 5 acı<br>sessec<br>e it. | number:<br>res of land in Apach<br>d value is \$1200, ho<br>is Decar Hills Unit 3   | wever he h | AZ.<br>as only ha                                   | d offers o  | of \$900                        |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$900.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Page 11 of 64
Case number (if known) Document Kristopher Howard Ritchie Debtor 1 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: CRF450RC Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2010 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$3780.00 based on NADA Retail \$3,780.00 \$1,890.00 value. The payment for this ☐ Check if this is community property (see instructions) vehicle is made by Debtor. Debtor's son drives this vehicle and Debtor's son gives Debtor money to make the payments on this vehicle. Do not deduct secured claims or exemptions. Put **KTM** Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: 65SX Mini Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2012 Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$1560.00 based on NADA Retail \$1,560.00 \$0.00 blue book value. Debtor's ☐ Check if this is community property (see instructions) girlfriend makes the payments on this vehicle. Debtor claims no interest in this vehicle. Do not deduct secured claims or exemptions. Put Chevrolet Who has an interest in the property? Check one 3.3 Make: the amount of any secured claims on Schedule D: Silverado 2500HD Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2002 Year: Debtor 2 only Current value of the Current value of the 173000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Debtor's primary vehicle. \$4,218.00 \$4,218.00 Debtor values this vehicle at ☐ Check if this is community property (see instructions) \$4218.00 which is the KBB fair market value in fair conditon Location: 1025 N 50th St Omaha, NE 68132 Do not deduct secured claims or exemptions. Put Honda 3.4 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: CFR450R Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only Approximate mileage: entire property? portion you own? Other information: ☐ At least one of the debtors and another Debtor owns a 2012 motorcycle \$3,500.00 \$3,500.00 and values it at \$3500.00 which ☐ Check if this is community property (see instructions) is the NADA Average Retail

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories *Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Value.

☐ Yes

| Debtor 1 Kristopher I   | Document Page 12 of 64  | 5 Desc Main   |
|---|---|---|
|   | Howard Ritchie Case number (if known)   |   |
|   | the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here=>  | \$9,608.00  |
| Part 3: Describe Your Perso   | onal and Household Items  |   |
| Oo you own or have any l  | legal or equitable interest in any of the following items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Household goods and a Examples: Major appliar  ☐ No  ☐ Yes. Describe  | furnishings<br>nces, furniture, linens, china, kitchenware  |   |
|   | All household goods and furnishings including but not limited to 2 dressers, and a couch. Most furniture in the home is owned by Debtor's girlfriend.   | \$100.00  |
|   | Location: 1025 N 50th Ave Omaha, NE 68132   | \$100.00  |
|   | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co<br>I phones, cameras, media players, games   | ollections; electronic devices  |
|   | Including but not limited to: 55" TV, computer and monitor, tablet, cell phone and laptop Location: 1025 N 50th Ave Omaha, NE 68132   | \$1,000.0   |
|   | I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin,   | or boochall gord collections.   |
| ■ No □ Yes. Describe  | ions, memorabilia, collectibles   | or baseball card collections,   |
| ■ No □ Yes. Describe  Equipment for sports a  Examples: Sports, photo musical instr   | nd hobbies<br>ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a  |   |
| ■ No □ Yes. Describe  Equipment for sports a Examples: Sports, photo musical instr ■ No □ Yes. Describe   | nd hobbies<br>ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a  |   |
| ■ No □ Yes. Describe  Equipment for sports a Examples: Sports, photo musical instr ■ No □ Yes. Describe  1. Firearms Examples: Pistols, rifle   | nd hobbies<br>ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a<br>uments  |   |
| ■ No □ Yes. Describe  Equipment for sports a Examples: Sports, photo musical instr ■ No □ Yes. Describe  D. Firearms Examples: Pistols, rifle □ No  | nd hobbies<br>ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a<br>uments  | and kayaks; carpentry tools;  |
| ■ No □ Yes. Describe  • Equipment for sports a Examples: Sports, photo musical instr ■ No □ Yes. Describe  • Firearms ■ Examples: Pistols, rifle □ No ■ Yes. Describe                                   | nd hobbies ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a uments s, shotguns, ammunition, and related equipment  Debtor owns, a Desert Eagle 1911, Remington Fieldmaster .22,   |   |
| ■ No □ Yes. Describe  • Equipment for sports a Examples: Sports, photo musical instr ■ No □ Yes. Describe  • Firearms Examples: Pistols, rifle □ No ■ Yes. Describe  • 1. Clothes Examples: Everyday cl | nd hobbies ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a uments  s, shotguns, ammunition, and related equipment  Debtor owns, a Desert Eagle 1911, Remington Fieldmaster .22, Remington .410, Savage .22 and a Marlin .22. | and kayaks; carpentry tools;  |

□ No

Yes. Describe.....

Document Page 13 of 64

Case number (if known)

| Deb  | tor 1 Kristopher                                       | Howard Ritchie  | Case number (if known)   |   |
|------|--|---|--|---|
|      |  | Debtor has one Samsu  | ng Watch   | \$100.00  |
|      |  | Debior rias one camsu   | ng waten   |   |
|      | Non-farm animals Examples: Dogs, cats No Yes. Describe | , birds, horses   |  |   |
|      |  | Debtor has one cat and  | l one dog of no economic value   | \$0.00  |
|      | Any other personal and No  Yes. Give specific in       | ·   | not already list, including any health aids you did not list   |   |
| 15.  |  |   | art 3, including any entries for pages you have attached   | \$2,650.00  |
| Part | 4: Describe Your Fina                                  | ncial Assets  |  |   |
| Do y | ou own or have any                                     | legal or equitable interest in  | any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|      | <i>Examples:</i> Money you<br>] No                     | ı have in your wallet, in your ho   | me, in a safe deposit box, and on hand when you file your petiti   | on  |
|      |  |   | Cash on hand day of filing   | \$2.15  |
|      |  |   | unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.                                  | nouses, and other similar   |
|      | Yes  |   | Institution name:  |   |
|      |  | 17.1. Checking  | Security National Bank account Ending 1244   | \$9.04  |
|      |  | , or publicly traded stocks<br>s, investment accounts with bro<br>Institution or issuer r | kerage firms, money market accounts  |   |
|      |  | The Debtor curre valued at \$0.19.  | ently owns 0.002762 shares of Oshkosh stock  | \$0.19  |
| _    | joint venture<br>No                                    |   | orated and unincorporated businesses, including an interes   | t in an LLC, partnership, and   |
| L    | J Yes. Give specific in                                | nformation about them<br>Name of entity:  | % of ownership:  |   |
|      | Negotiable instrument<br>Non-negotiable instrui        | ts include personal checks, cas   | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. |   |
|      | No Yes. Give specific in                               | formation about them  |  |   |
|      | al Form 106A/B   |   | Schedule A/B: Property   | page 4  |

| Dalutan  | Case 17-80548-TLS   |  |  | Page 14 of 64   | /20/17 16:06:55                                 | Desc Main   |
|--|---|--|--|---|---|---|
| Debtor '   | 1 Kristopher Howard Ritchi  |  |  |   | ase number (if known)                           |   |
|  | rement or pension accounts amples: Interests in IRA, ERISA, Kee   |  | 403(b), thrift savings a   | accounts, or other pe   | nsion or profit-sharing pla                     | ns  |
|  | es. List each account separately.<br>Type of acco   | ount:  | Institution nar  | ne:   |   |   |
|  | 401(k)  |  | 5% of his ir<br>Debtor beg   | o 401K plan Debtor to the plan an contributing in of 4/2017 is \$9,09   | 2013 -account                                   | \$9,094.74  |
| You  | urity deposits and prepayments ur share of all unused deposits you hamples: Agreements with landlords,  |  |  |   |   | , or others   |
|  | 9S  |  | Institution nar  | ne or individual:   |   |   |
|  | Rent  |  | deposit in [   | aron Peck holds a<br>Debtor's name. Th<br>pay for last montl  | ese funds may                                   | \$0.00  |
| 24. Inter 26 U ■ No □ Ye  25. Trus ■ No □ Ye  26. Pate Exa ■ No □ Ye  27. Lice Exa ■ No □ Ye | Institution name a sts, equitable or future interests in the sets. Give specific information about the sets, copyrights, trademarks, trademarks; Internet domain names, well as Give specific information about the sets, franchises, and other general strangles: Building permits, exclusive laborates. Give specific information about the sets. Give specific information about the sets. Give specific information about the sets. | ccount in a 19(b)(1).  Ind description property of them  le secrets, a posites, procedure  eral intangik icenses, continuous c | on. Separately file the (other than anything and other intellectual eeds from royalties and other intellectual end of the content of the c | records of any interesting in the second sec | sts.11 U.S.C. § 521(c): rights or powers exerci | sable for your benefit  |
| Money  | or property owed to you?  |  |  |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|  | refunds owed to you o es. Give specific information about the   | hem, includi   | ing whether you alread   | y filed the returns and   | d the tax years                                 |   |
|  |   | refu   | has already receive<br>unds. See Stateme<br>airs.  |   |   | \$0.00  |

Official Form 106A/B Schedule A/B: Property page 5

|               |   | e 15 of 64                             | J Desciviani               |
|---------------|---|--|----------------------------|
| Debtor        | 1 Kristopher Howard Ritchie   | Case number (if known)                 |                            |
|               | nily support<br>amples: Past due or lump sum alimony, spousal support, child support, main  | tenance, divorce settlement, property  | settlement                 |
| -             | es. Give specific information   |  |                            |
| Ex<br>■ N     | er amounts someone owes you amples: Unpaid wages, disability insurance payments, disability benefits, sic benefits; unpaid loans you made to someone else o es. Give specific information   | k pay, vacation pay, workers' compe    | nsation, Social Security   |
|               | rests in insurance policies amples: Health, disability, or life insurance; health savings account (HSA); cr   | edit, homeowner's, or renter's insural | nce                        |
| ■ Y           | es. Name the insurance company of each policy and list its value.  Company name:  | Beneficiary:                           | Surrender or refund value: |
|               | Debtor has a term life insurance policy through his employer Interstate Piower Systems Inc for one and a half times his base salary for Basic Accidental Death and Dismemberment. This is a Term Life Policy and Debtor believes the base sach value is \$68,377 and there  | Debtor's Children                      | \$0.0                      |
|               | is no cash value.   |  | Ψο.σι                      |
| If y so N     | es. Give specific information  Ims against third parties, whether or not you have filed a lawsuit or management of the second |  | eive property because      |
|               | er contingent and unliquidated claims of every nature, including count of the countries. Describe each claim  | erclaims of the debtor and rights to   | o set off claims           |
| 35. <b>An</b> | financial assets you did not already list   |  |                            |
| ■ N           | o<br>es. Give specific information  |  |                            |
|               | dd the dollar value of all of your entries from Part 4, including any entrier Part 4. Write that number here  |  | \$9,106.12                 |
| Part 5:       | Describe Any Business-Related Property You Own or Have an Interest In. List at  | ny real estate in Part 1.              |                            |
| ■ No          | ou own or have any legal or equitable interest in any business-related property?  Go to Part 6.  Go to line 38.   |  |                            |
| Part 6:       | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1.   | e an Interest In.                      |                            |
| _             | you own or have any legal or equitable interest in any farm- or commer  | cial fishing-related property?         |                            |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Document Page 16 of 64 Case number (if known) Debtor 1 Kristopher Howard Ritchie ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No ■ Yes. Give specific information....... Debtor has numerous hand tools and a tool box valued at \$1000 \$1,000.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$1,000.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$900.00 Part 2: Total vehicles, line 5 56. \$9,608.00 57. Part 3: Total personal and household items, line 15 \$2,650.00 Part 4: Total financial assets, line 36 58. \$9,106.12 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$1,000.00 Total personal property. Add lines 56 through 61... Copy personal property total \$22,364.12 \$22,364.12 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$23,264.12

Official Form 106A/B Schedule A/B: Property page 7

|                                      |  |   | Document   | F   | Page 17 of 64  | •   |  |
|--------------------------------------|--|---|--|---|--|---|--|
| Fill                                 | l in this inform   | nation to identify your case  | :  |   |  |   |  |
| De                                   | btor 1   | Kristopher Howard R   | itchie   |   |  |   |  |
| D-                                   | h4 0   | First Name  | Middle Name  | L   | ast Name   |   |  |
|                                      | btor 2<br>ouse if, filing)   | First Name  | Middle Name  | L   | ast Name   |   |  |
| Un                                   | ited States Bar  | nkruptcy Court for the: DIS   | STRICT OF NEBRASKA   |   |  |   |  |
|                                      | se number  |   |  |   |  | ☐ Check if this is an amended filing  |  |
|                                      | fficial For  | rm 106C<br>e C: The Prop  | erty You Cla   | im  | as Exempt  | 4/16  |  |
| the nee case For spe any function to | property you list ded, fill out and enumber (if kn each item of ecific dollar and applicable statement on a pathe applicable he applicable | sted on Schedule A/B: Proped attach to this page as many own).  property you claim as exent ount as exempt. Alternative atutory limit. Some exempt nlimited in dollar amount. | orty (Official Form 106A/B) or copies of Part 2: Addition on the property of the full of the property of the p | as yo<br>al Pa<br>amo<br>ull fai<br>healt<br>exen | our source, list the property that you ge as necessary. On the top of any out of the exemption you claim. Out market value of the property being the aids, rights to receive certain benefiton of 100% of fair market value. | additional pages, write your name and  One way of doing so is to state a ng exempted up to the amount of enefits, and tax-exempt retirement |  |
|                                      |  | •   | •  |   |  |   |  |
| 1.                                   | Which set of   | exemptions are you claimi   | ng? Check one only, even   | if yo   | ur spouse is filing with you.  |   |  |
|                                      | You are cla  | aiming state and federal nonb   | pankruptcy exemptions. 1   | 1 U.S   | S.C. § 522(b)(3)   |   |  |
|                                      | ☐ You are cla  | aiming federal exemptions.  | 11 U.S.C. § 522(b)(2)  |   |  |   |  |
| 2.                                   | For any prop   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.  |  |   |  |   |  |
|                                      |  | on of the property and line on that lists this property   | Current value of the portion you own   |   | ount of the exemption you claim  | Specific laws that allow exemption  |  |
|                                      |  |   | Copy the value from<br>Schedule A/B  | Cne   | ck only one box for each exemption.  |   |  |
|                                      | 2002 Chevr<br>173000 mile  | olet Silverado 2500HD   | \$4,218.00   |   | \$2,400.00   | Neb. Rev. Stat. § 25-1556(4)  |  |
|                                      | values this is the KBB conditon Location: 1 68132  | imary vehicle. Debtor<br>vehicle at \$4218.00 whic<br>fair market value in fair<br>1025 N 50th St Omaha, I<br>nedule A/B: 3.3   |  |   | 100% of fair market value, up to any applicable statutory limit  |   |  |
|                                      | 2002 Chevr   | olet Silverado 2500HD   | \$4,218.00   |   | \$1,818.00   | Neb. Rev. Stat. § 25-1552   |  |
|                                      | Debtor's pr<br>values this<br>is the KBB<br>conditon   | es<br>imary vehicle. Debtor<br>vehicle at \$4218.00 whic<br>fair market value in fair<br>1025 N 50th St Omaha, I  |  |   | 100% of fair market value, up to any applicable statutory limit  |   |  |

Line from Schedule A/B: 3.4

NADA Average Retail Value.

Line from Schedule A/B: 3.3

2012 Honda CFR450R

68132

Official Form 106C

\$3,500.00

Debtor owns a 2012 motorcycle and values it at \$3500.00 which is the

Neb. Rev. Stat. § 25-1552

\$682.00

100% of fair market value, up to

any applicable statutory limit

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 18 of 64

Case number (if known)

| De          | Nistopher noward Kitchie  |                                      |            | Case Hulliber (II KHOWH)  |   |
|-------------|---|--------------------------------------|------------|---|---|
|             | Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own |            | ount of the exemption you claim                                 | Specific laws that allow exemption                      |
|             |   | Copy the value from<br>Schedule A/B  | Che        | eck only one box for each exemption.                            |   |
|             | All household goods and furnishings including but not limited to 2  | \$100.00                             |            | \$100.00  | Neb. Rev. Stat. § 25-1556 (3)                           |
| f<br>[<br>L | dressers, and a couch. Most furniture in the home is owned by Debtor's girlfriend. Location: 1025 N 50th Ave Omaha, NE 68132 Line from Schedule A/B: 6.1  |                                      |            | 100% of fair market value, up to any applicable statutory limit |   |
|             | Including but not limited to: 55" TV, computer and monitor, tablet, cell  | \$1,000.00                           |            | \$1,000.00  | Neb. Rev. Stat. § 25-1556 (3)                           |
|             | phone and laptop<br>Location: 1025 N 50th Ave Omaha,<br>NE 68132<br>Line from Schedule A/B: 7.1   |                                      |            | 100% of fair market value, up to any applicable statutory limit |   |
|             | Normal everyday clothing Line from Schedule A/B: 11.1   | \$250.00                             |            | \$250.00  | Neb. Rev. Stat. § 25-1556(2)                            |
|             | Line Iron Schedule AVB. 11.1  |                                      |            | 100% of fair market value, up to any applicable statutory limit |   |
|             | 401(k): Wells Fargo 401K plan Debtor contributes 5% of his income   | \$9,094.74                           |            | \$5,317.83  | Neb. Rev. Stat. § 25-1563.01 & 11 U.S.C. § 522(b)(3)(C) |
|             | to the plan.  Debtor began contributing in 2013 -account balance as of 4/2017 is \$9,094.74 Line from Schedule A/B: 21.1  |                                      |            | 100% of fair market value, up to any applicable statutory limit |   |
|             | Debtor has a term life insurance policy through his employer  | \$0.00                               |            | \$0.00  | Neb. Rev. Stat. § 44-371                                |
|             | Interstate Piower Systems Inc for one and a half times his base salary for Basic Accidental Death and Dismemberment. This is a Term Life Policy and Debtor believes the benefit amount is \$68,377 Line from Schedule A/B: 31.1 |                                      |            | 100% of fair market value, up to any applicable statutory limit |   |
| 3.          | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3   |                                      |            | led on or after the date of adjustmer                           | nt.)  |
|             | No  | ad handha ann an Ca                  | الم المالة | OAE dave before you fled this                                   | 2   |
|             | ☐ Yes. Did you acquire the property covere ☐ No   | ea by the exemption wi               | thin 1     | ,215 days before you filed this case                            | <i>(</i>  |
|             | ☐ Yes   |                                      |            |   |   |

|  |                | Document F  | Page 19                    | of 64                             |  |                            |
|--|----------------|---|----------------------------|-----------------------------------|--|----------------------------|
| Fill in this information to i                                | dentify your   | case:   |                            |                                   |  |                            |
| Debtor 1 Kristo  | pher Howa      |   | ast Name                   |                                   |  |                            |
| Debtor 2<br>(Spouse if, filing) First Nam                    | ne             | Middle Name La  | ast Name                   |                                   |  |                            |
| United States Bankruptcy C                                   | ourt for the:  | DISTRICT OF NEBRASKA  |                            |                                   |  |                            |
| Case number  |                |   |                            |                                   | _  | if this is an<br>ed filing |
| Official Form 106D   |                |   |                            |                                   |  |                            |
|  |                | Who Have Claims Se  | ecured                     | by Property                       | y  | 12/15                      |
|  |                | two married people are filing together,<br>ut, number the entries, and attach it to t   |                            |                                   |  |                            |
| 1. Do any creditors have claim                               | s secured by   | your property?  |                            |                                   |  |                            |
| ☐ No. Check this box a                                       | and submit th  | is form to the court with your other sch  | nedules. Yo                | ou have nothing else t            | o report on this form.                           |                            |
| Yes. Fill in all of the                                      | information b  | elow.   |                            |                                   |  |                            |
| Part 1: List All Secured                                     | Claims         |   |                            |                                   |  |                            |
| for each claim. If more than on                              | e creditor has | ore than one secured claim, list the credito<br>a particular claim, list the other creditors in<br>al order according to the creditor's name.   |                            | Amount of claim Do not deduct the | Column B  Value of collateral that supports this | Column C Unsecured portion |
| 2.1 American Honda F   | inance         | Describe the property that secures the  | claim:                     | value of collateral. \$1,092.00   | s3,780.00  | If any <b>\$0.00</b>       |
| Creditor's Name  |                | 2010 Honda CRF450RC<br>\$3780.00 based on NADA Reta<br>value. The payment for this ve<br>is made by Debtor. Debtor's so<br>drives this vehicle and Debtor'<br>gives Debtor money to make the<br>payments on this vehicle.<br>As of the date you file, the claim is: Che | hicle<br>on<br>s son<br>ne |                                   |  |                            |
| 3625 W Royal Land<br>Irving, TX 75063                        | е              | apply.  Contingent  | ck all triat               |                                   |  |                            |
| Number, Street, City, State &                                | Zip Code       | Unliquidated  |                            |                                   |  |                            |
| Who owes the debt? Check                                     | one.           | ☐ Disputed  Nature of lien. Check all that apply.   |                            |                                   |  |                            |
| Debtor 1 only  |                | ■ An agreement you made (such as mor  | tgage or sec               | ured                              |  |                            |
| Debtor 2 only  |                | car loan)   |                            |                                   |  |                            |
| Debtor 1 and Debtor 2 only                                   |                | Statutory lien (such as tax lien, mechan  | nic's lien)                |                                   |  |                            |
| ☐ At least one of the debtors a☐ Check if this claim relates |                | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)  |                            |                                   |  |                            |
| community debt   |                |   |                            |                                   |  |                            |
| Date debt was incurred 9/2                                   | 2012           | Last 4 digits of account number   | 9007                       |                                   |  |                            |
| 2.2 Freedom Road Fin   | nancial        | Describe the property that secures the  | claim:                     | \$1,945.00                        | \$1,560.00                                       | \$385.00                   |
| Creditor's Name  |                | 2012 KTM 65SX Mini  |                            | . ,                               |  | •                          |
|  |                | \$1560.00 based on NADA Reta  |                            |                                   |  |                            |
|  |                | book value. Debtor's girlfriend<br>makes the payments on this ve<br>Debtor claims no interest in th   | ehicle.                    |                                   |  |                            |
|  |                | vehicle.  As of the date you file, the claim is: Che  | als all that               |                                   |  |                            |
| 10509 Professiona<br>Reno, NV 89521                          | I Cir S        | apply.  | on an Mal                  |                                   |  |                            |
| Number, Street, City, State &                                | Zip Code       | ☐ Contingent ☐ Unliquidated   |                            |                                   |  |                            |
| Hambor, Street, Sity, State &                                | p 0006         | ☐ Disputed  |                            |                                   |  |                            |
| Who owes the debt? Check                                     | one.           | Nature of lien. Check all that apply.   |                            |                                   |  |                            |
| Debtor 1 only  |                | ☐ An agreement you made (such as mor  | tgage or sec               | ured                              |  |                            |

car loan)

Debtor 2 only

Official Form 106D

# Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 20 of 64

| Debtor 1 Kristop   | her Howard Ri                                | tchie                                |   |                         | Case number (if know) |            |        |
|--|--|--------------------------------------|---|-------------------------|-----------------------|------------|--------|
| First Name   | Middle                                       | Name                                 | Last Name   | _                       |                       |            |        |
| Debtor 1 and Debtor At least one of the Check if this clain community debt | debtors and another                          | Judgr                                | tory lien (such as tax lien, me<br>ment lien from a lawsuit<br>(including a right to offset)                      | echanic's lien)         |                       |            |        |
| Date debt was incurre  | Opened<br>04/16 Last<br>Active<br>ed 2/24/17 |                                      | ast 4 digits of account num   | nber 1638               |                       |            |        |
| 2.3 Wells Fargo  | )  | Describe                             | the property that secures   | the claim:              | \$2,197.41            | \$9,094.74 | \$0.00 |
| Creditor's Name  |  | Debtor income Debtor -accou \$9,094. | Wells Fargo 401K pl<br>contributes 5% of his<br>to the plan.<br>began contributing<br>nt balance as of 4/20<br>74 | is<br>in 2013<br>117 is |                       |            |        |
| Phoenix, AZ  | -  | apply.  ☐ Conti                      | ngent   |                         |                       |            |        |
| Number, Street, Cit  | ty, State & Zip Code                         | Unliqu                               | •   |                         |                       |            |        |
| Who owes the debt  | ? Check one.                                 | ☐ Dispu                              | ted  of lien. Check all that apply.   |                         |                       |            |        |
| ■ Debtor 1 only ■ Debtor 2 only  |  | ☐ An ag<br>car lo                    | reement you made (such as<br>pan)   | mortgage or se          | cured                 |            |        |
| ☐ Debtor 1 and Debto   | or 2 only                                    | ☐ Statut                             | ory lien (such as tax lien, me  | echanic's lien)         |                       |            |        |
| At least one of the  |  | · 🔲 Judgr                            | nent lien from a lawsuit  |                         |                       |            |        |
| Check if this clain community debt   | n relates to a                               | Other                                | (including a right to offset)   | 401K IOAN               | <u> </u>              |            |        |
| Date debt was incurre  | ed   | La                                   | ast 4 digits of account num   | nber                    |                       |            |        |
| Add the dollar value   | e of vour entries in                         | Column A o                           | n this page. Write that nun   | nher here:              | \$5,234.41            | 7          |        |
|  | •  |                                      | value totals from all pages   |                         | \$5,234.41            | +          |        |
| Write that number h  | here:  |                                      | . 5   |                         | \$5,234.41            |            |        |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |   | Document  | Page 2   | 1 of 64  |   |
|---|---|---|--|--|---|
| Fill in this  | information to identify your  | case:   |  |  |   |
| Debtor 1  | Kristopher Howa   | rd Ritchie  |  |  |   |
|   | First Name  | Middle Name   | Last Name  |  |   |
| Debtor 2<br>(Spouse if, fil                             | ing) First Name   | Middle Name   | Last Name  |  |   |
|   | G,  |   | Last Name  |  |   |
| United Sta  | ates Bankruptcy Court for the:  | DISTRICT OF NEBRASKA  |  |  |   |
| Case num<br>(if known)                                  | ber   |   |  |  | Check if this is an amended filing                                    |
|   | Form 106E/F<br>ule E/F: Creditors W   | /ho Have Unsecured  | Claims   |  | 12/15   |
| any executo<br>Schedule G<br>Schedule D<br>left. Attach | ory contracts or unexpired leases<br>: Executory Contracts and Unexp<br>: Creditors Who Have Claims Sec | that could result in a claim. Also lis<br>pired Leases (Official Form 106G). Do<br>pured by Property. If more space is n<br>ge. If you have no information to rep | st executory c<br>o not include :<br>eeded, copy t | ontracts on Schedule A/B: Pro<br>any creditors with partially sec<br>he Part you need, fill it out, nu | cured claims that are listed in imber the entries in the boxes on the |
| 1. Do any   | r creditors have priority unsecure  | ed claims against you?  |  |  |   |
| ■ No.   | Go to Part 2.   |   |  |  |   |
| ☐ Yes   | 3.  |   |  |  |   |
| Part 2:   | List All of Your NONPRIORIT   | TY Unsecured Claims   |  |  |   |
|   |   | cured claims against you?  Part. Submit this form to the court with y   | our other sche                                     | dules.   |   |
| unsecu  | red claim, list the creditor separatel  | laims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>list the other creditors in Part 3.If you h                                 | identify what to                                   | ype of claim it is. Do not list claim  | ns already included in Part 1. If more                                |
|   |   |   |  |  | Total claim   |
| 4.1 <b>B</b>  | arclays Bank Delaware   | Last 4 digits of acco   | ount number  | 3652   | \$3,094.00  |
| 10  | onpriority Creditor's Name  00 S West St //ilmington, DE 19801  | When was the debt   | incurred?  | Opened 05/16 Last Ac<br>9/19/16  | tive  |
|   | umber Street City State Zlp Code ho incurred the debt? Check one.                                       |   | le, the claim i                                    | s: Check all that apply  |   |
|   | Debtor 1 only   | ☐ Contingent  |  |  |   |
|   | Debtor 2 only   | ☐ Unliquidated  |  |  |   |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |  |   |
|   | At least one of the debtors and an  |   | TY unsecured                                       | I claim:   |   |
| de  | Check if this claim is for a competent  | Obligations arising   |  | ration agreement or divorce that   | you did not   |
|   | the claim subject to offset?  | report as priority clain  |  | g plans, and other similar debts   |   |
|   |   | ·   | -  | = -  |   |
| L   | l Yes   | Other. Specify  | Jieuit Card  |  |   |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 22 of 64

| Kristopher Howard Ritchie  |  | Case number (if know)                         |            |
|--|--|---|------------|
| Barclays Bank Delaware   | Last 4 digits of account number                              | 3067  | \$2,486.00 |
| Nonpriority Creditor's Name  100 S West St Wilmington, DE 19801        | When was the debt incurred?                                  | Opened 09/14 Last Active 9/19/16              |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.    | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                               | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |            |
| ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes  | Other. Specify Credit Card                                   | <u> </u>                                      |            |
| California Advanced Imagine<br>Medical Asso                            | Last 4 digits of account number                              | 0118  | \$121.07   |
| Nonpriority Creditor's Name PO Box 6102 Novato, CA 94948               | When was the debt incurred?                                  |   |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.    | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |            |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                               | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes  | Other. Specify Medical                                       |   |            |
| Capital One  | Last 4 digits of account number                              | 4760  | \$1,211.00 |
| Nonpriority Creditor's Name  Attn: General                             |  | Opened 02/11 Last Active                      |            |
| Correspondence/Bankruptcy<br>Po Box 30285                              | When was the debt incurred?                                  | 9/19/16                                       |            |
| Salt Lake City, UT 84130  Number Street City State Zlp Code            | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  Debtor 1 only                       | Пол  |   |            |
|  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                      |            |
| ☐ Check if this claim is for a community                               | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                   | report as priority claims                                    | ration agreement or divorce that you did not  |            |
| ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes  | ■ Other. Specify Credit Card                                 | I   |            |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 23 of 64

Kristopher Howard Ritchie

| Debloi | Kristopher Howard Kitchie  |  | Case Humber (II know)                        |            |
|--------|--|--|--|------------|
| 4.5    | Capital One  | Last 4 digits of account number                              | 0606   | \$957.00   |
|        | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred?                                  | Opened 02/12 Last Active 9/19/16             |            |
|        | Salt Lake City, UT 84130<br>Number Street City State Zlp Code                    | As of the date you file, the claim                           | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  |  |  |            |
|        | Debtor 1 only  | ☐ Contingent   |  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|        | $\square$ At least one of the debtors and another                                | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|        | ☐ Check if this claim is for a community   | Student loans  |  |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|        | Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |            |
| 4.6    | Capital One Nonpriority Creditor's Name  | Last 4 digits of account number                              | 4760   | \$1,159.02 |
|        | PO Box 30281<br>Salt Lake City, UT 84130-0281                                    | When was the debt incurred?                                  |  |            |
|        | Number Street City State Zlp Code  | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  | _  |  |            |
|        | Debtor 1 only  | ☐ Contingent   |  |            |
|        | Debtor 2 only  | Unliquidated   |  |            |
|        | Debtor 1 and Debtor 2 only   | Disputed   | d alatan                                     |            |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans               | a ciaim:                                     |            |
|        | Check if this claim is for a community debt                                      | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?  | report as priority claims                                    |  |            |
|        | ■ No   | Debts to pension or profit-sharing                           |  |            |
|        | Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |            |
| 4.7    | CHI Health Business Office  Nonpriority Creditor's Name                          | Last 4 digits of account number                              | 2175   | \$145.00   |
|        | 2301 N 117th Ave<br>Ste 100  | When was the debt incurred?                                  |  |            |
|        | Omaha, NE 68164  |  |  |            |
|        | Number Street City State Zlp Code  | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  | _  |  |            |
|        | Debtor 1 only  | Contingent   |  |            |
|        | Debtor 2 only  | Unliquidated   |  |            |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed   | Labelia                                      |            |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans               |  |            |
|        | ☐ Check if this claim is for a community debt                                    |  | ration agreement or divorce that you did not |            |
|        | Is the claim subject to offset?  | report as priority claims                                    | <u> </u>                                     |            |
|        | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|        | ☐ Yes  | Other, Specify Medical                                       |  |            |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 24 of 64

Kristopher Howard Ritchie Case number (if know)

| Kristopher Howard Kitchie   |  | Case Humber (II know)                        |             |
|---|--|--|-------------|
| Dell Financial Services   | Last 4 digits of account number  | 5653   | \$1,301.00  |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 81577 Austin, TX 78708                    | When was the debt incurred?  | Opened 07/11 Last Active 9/19/16             |             |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                          | As of the date you file, the claim   | s: Check all that apply                      |             |
| ■ Debtor 1 only   | ☐ Contingent   |  |             |
| ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
| Debtor 1 and Debtor 2 only  | Disputed   |  |             |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                               | d claim:                                     |             |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                 | _  | ration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |
| ☐ Yes   | ■ Other Specify Charge Acc   | count  |             |
| Lending Club Corp  Nonpriority Creditor's Name  | Last 4 digits of account number  | 6045   | \$12,541.00 |
| 71 Stevenson St<br>Suite 300  | When was the debt incurred?  | Opened 03/16 Last Active 10/18/16            |             |
| San Francisco, CA 94105  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | s: Check all that apply                      |             |
| ■ Debtor 1 only   | ☐ Contingent   |  |             |
| ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |             |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                 | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |
| ☐ Yes   | Other Specify Unsecured  |  |             |
| Nebraska Orthopedic Hospital  | Last 4 digits of account number  | 7104   | \$948.00    |
| Nonpriority Creditor's Name<br>2808 S. 143rd Plaza  | When was the debt incurred?  |  | <u> </u>    |
| Omaha, NE 68144  Number Street City State Zlp Code  | As of the date you file, the claim   | s: Check all that apply                      |             |
| Who incurred the debt? Check one.   | •  | ,  |             |
| ■ Debtor 1 only   | ☐ Contingent   |  |             |
| Debtor 2 only   | ☐ Unliquidated   |  |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
| $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |             |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                 | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
| No  | Debts to pension or profit-sharin  | g plans, and other similar debts             |             |
| □ Yes   |  | g p.as, and other omitted dobte              |             |
| <b>□</b> 162  | Other. Specify Medical   |  |             |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 25 of 64

| Debt     | or 1 Kristopher Howard Ritchie  | Case number (if know)  |            |  |  |  |  |  |  |
|----------|---|--|------------|--|--|--|--|--|--|
| 4.1<br>1 | Orthowest   | Last 4 digits of account number 1003   | \$526.05   |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name<br>2725 South 144th St., Suite 212<br>Omaha. NE 68144 | When was the debt incurred?  |            |  |  |  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.              | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |            |  |  |  |  |  |  |
|          | Debtor 2 only   | □ Unliquidated   |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |            |  |  |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |  |  |  |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |  |  |
|          | Yes   | Other. Specify Medical   |            |  |  |  |  |  |  |
| 4.1      | PayPal Credit   | Last 4 digits of account number 2502   | \$2,899.12 |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name PO Box 105658   | When was the debt incurred?  |            |  |  |  |  |  |  |
|          | Atlanta, GA 30348  Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.   | 7.6 of the date year mo, the damine. Oncok an that apply   |            |  |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |            |  |  |  |  |  |  |
|          | Debtor 2 only   | <u> </u>   |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  |  |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   |  |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |            |  |  |  |  |  |  |
|          | debt Is the claim subject to offset?  | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |  |  |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |  |  |
|          | ☐ Yes   | Other. Specify Credit Card   |            |  |  |  |  |  |  |
| 4.1<br>3 | Syncb/car Care Disc Ti  | Last 4 digits of account number 2501   | \$830.00   |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name   |  |            |  |  |  |  |  |  |
|          | C/o Po Box 965068<br>Orlando, FL 32896  | When was the debt incurred? Opened 11/13 Last Active 10/28/16  |            |  |  |  |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.   |  |            |  |  |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent   |            |  |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                                     | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                          |            |  |  |  |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims  |            |  |  |  |  |  |  |
|          | No  | Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |  |  |
|          | ☐ Yes   | Other Specify Charge Account   |            |  |  |  |  |  |  |

Official Form 106 E/F

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 26 of 64

| Syncb/car Care Syn Car   | Last 4 digits of account number                               | 4654  | \$2,50 |
|--|---|---|--------|
| Nonpriority Creditor's Name  |   | Opened 11/13 Last Active                      |        |
| C/o Po Box 965068<br>Orlando, FL 32896   | When was the debt incurred?                                   | 9/19/16                                       |        |
| Number Street City State Zlp Code  Who incurred the debt? Check one.               | As of the date you file, the claim                            | is: Check all that apply                      |        |
| ■ Debtor 1 only  | ☐ Contingent  |   |        |
| Debtor 2 only  | ☐ Unliquidated  |   |        |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |        |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                                      |        |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |        |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |        |
| No   | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |        |
| ☐ Yes  | ■ Other. Specify Charge Acc                                   | count   |        |
|  |   |   |        |
| Syncb/PLCC   | Last 4 digits of account number                               | 2174  | \$80   |
| Nonpriority Creditor's Name  Attn: Bankruptcy                                      |   | Opened 06/15 Last Active                      |        |
| Po Box 965064  | When was the debt incurred?                                   | 9/20/16                                       |        |
| Orlando, FL 32896  | _   |   |        |
| Number Street City State ZIp Code  | As of the date you file, the claim                            | is: Check all that apply                      |        |
| Who incurred the debt? Check one.  | _   |   |        |
| Debtor 1 only  | Contingent  |   |        |
| Debtor 2 only  | ☐ Unliquidated  |   |        |
| Debtor 1 and Debtor 2 only   | Disputed  |   |        |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                                      |        |
| ☐ Check if this claim is for a community<br>debt                                   | Student loans   |   |        |
| s the claim subject to offset?   | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not |        |
| ■ No   | ☐ Debts to pension or profit-sharin                           | ng plans, and other similar debts             |        |
| □Yes   | ■ Other. Specify Charge Acc                                   | count   |        |
|  | · · · · · ·   |   |        |
| Synchrony Bank/Care Credit Nonpriority Creditor's Name                             | Last 4 digits of account number                               | 3992  | \$1,27 |
| Attn: Bankruptcy   |   | Opened 10/12 Last Active                      |        |
| Po Box 956060  | When was the debt incurred?                                   | 10/16/16                                      |        |
| Orlando, FL 32896  Number Street City State Zlp Code                               | As of the date you file, the claim                            | ie. Chack all that apply                      |        |
| Who incurred the debt? Check one.  | As of the date you life, the old!!!!                          | Chook all that apply                          |        |
| ■ Debtor 1 only  | ☐ Contingent  |   |        |
| Debtor 2 only  | ☐ Unliquidated  |   |        |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |        |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                  | d claim:                                      |        |
| ☐ At least one or the debtors and another ☐ Check if this claim is for a community | ☐ Student loans   |   |        |
| debt   |   | aration agreement or divorce that you did not |        |
| Is the claim subject to offset?  | report as priority claims                                     |   |        |
| No   | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |        |
| □ Yes  | ■ Other. Specify Charge Ace                                   | count   |        |

Official Form 106 E/F

| 4 Maintanhantte extent                               | Document Page 2  | Coop number (v. )                             |         |
|--|--|---|---------|
| 1 Kristopher Howard Ritchie                          |  | Case number (if know)                         |         |
| Synchrony Bank/HH Gregg                              | Last 4 digits of account number                            | 2605  | \$      |
| Nonpriority Creditor's Name                          | _  |   |         |
| Attn: Bankruptcy Po Box 956060                       | When was the debt incurred?                                | Opened 5/08/14 Last Active 3/23/16            |         |
| Orlando, FL 32896                                    |  |   |         |
| Number Street City State Zlp Code                    | As of the date you file, the claim                         | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                    |  |   |         |
| ■ Debtor 1 only                                      | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| Debtor 1 and Debtor 2 only                           | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecure                               | d claim:                                      |         |
| ☐ Check if this claim is for a community             | ☐ Student loans  |   |         |
| debt Is the claim subject to offset?                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |         |
| Yes  | ■ Other. Specify Charge Acc                                | count   |         |
| Synchrony Bank/Walmart                               | Look 4 digito of account number                            | 5641  | \$1,572 |
| Nonpriority Creditor's Name                          | Last 4 digits of account number                            |   | Ψ1,372  |
| Attn: Bankruptcy                                     |  | Opened 04/15 Last Active                      |         |
| Po Box 956060  | When was the debt incurred?                                | 9/20/16                                       |         |
| Orlando, FL 32896  Number Street City State Zlp Code | As of the date you file the claim                          | in Charle all that apply                      |         |
| Who incurred the debt? Check one.                    | As of the date you file, the claim                         | <b>15.</b> Спеск ан шасарру                   |         |
| ■ Debtor 1 only                                      | O continuous   |   |         |
| _  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| Debtor 1 and Debtor 2 only                           | Disputed   | d alaim.                                      |         |
| At least one of the debtors and another              | Type of NONPRIORITY unsecure  ☐ Student loans              | u Ciaim:                                      |         |
| Check if this claim is for a community               | — Gradom Idania  |   |         |
| debt Is the claim subject to offset?                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| ■ No   | ☐ Debts to pension or profit-sharing                       | ng plans, and other similar debts             |         |
| Yes  | Other. Specify Charge Acc                                  | count   |         |
| TekCollect Inc                                       | Look Addition of the control of                            | 5329  | \$155   |
| Nonpriority Creditor's Name                          | Last 4 digits of account number                            |   | φ136    |
| Po Box 1269  | When was the debt incurred?                                | Opened 05/16                                  |         |
| Columbus, OH 43216                                   | _  | <u> </u>                                      |         |
| Number Street City State Zlp Code                    | As of the date you file, the claim                         | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                    | _  |   |         |
| Debtor 1 only  | Contingent   |   |         |
| Debtor 2 only  | Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecure                               | d claim:                                      |         |
| Check if this claim is for a community               | ☐ Student loans  |   |         |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify Collection Attorney Hanger Clinic - 520000

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 28 of 64

| Debtor 1 Kristopher Howard Ritchie                 |   | Case number (if know)                                 |  |
|--|---|---|--|
| Name and Address                                   | On which entry in Part 1 or Part 2 d      | lid you liet the existence exactly                    |  |
| Allied Interstate                                  | Line <b>4.15</b> of (Check one):          | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| 7525 West Campus Road                              |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| New Albany, OH 43054                               | Last 4 digits of account number           |   |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d      | did you list the original creditor?                   |  |
| Creditors Bureau                                   | Line 4.3 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| 757 L St   |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Fresno, CA 93721                                   | Last 4 digits of account number           | 0118  |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d      | did you list the original creditor?                   |  |
| Encore Receivable Management                       | Line 4.13 of (Check one):                 | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| 400 N Rogers Rd<br>PO Box 3330                     |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Olathe, KS 66063                                   | Look 4 digits of account number           |   |  |
|  | Last 4 digits of account number           |   |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d      |   |  |
| Global Credit Collection<br>5440 N. Cumberland Ave | Line 4.15 of (Check one):                 | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| Ste 300  |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Chicago, IL 60656-1490                             |   |   |  |
|  | Last 4 digits of account number           |   |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d      |   |  |
| MCA<br>4005 S 148th St                             | Line <b>4.11</b> of ( <i>Check one</i> ): | Part 1: Creditors with Priority Unsecured Claims      |  |
| Omaha, NE 68137                                    |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
|  | Last 4 digits of account number           |   |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d      | did you list the original creditor?                   |  |
| MCA  | Line 4.7 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| 4005 S 148th St<br>Omaha, NE 68137                 |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| Smana, NE 00101                                    | Last 4 digits of account number           |   |  |
| Name and Address                                   | On which entry in Part 1 or Part 2 d      | did you list the original creditor?                   |  |
| Vital Recovery Services                            | Line 4.9 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |
| 3795 Data Dr, Ste 200<br>Norcross, GA 30092        |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| 110101030, 07 00002                                | Last 4 digits of account number           |   |  |
|  |   |   |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | _               |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              |     |   |     | <br>            |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. |   | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>34,531.26 |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Page 29 of 64 Case number (if know) Document

Debtor 1 Kristopher Howard Ritchie

\$

Total Nonpriority. Add lines 6f through 6i.

6j.

34,531.26

| Fill in this infor                      |                 |                    |           |                      |
|---|-----------------|--------------------|-----------|----------------------|
| Debtor 1                                | Kristopher Howa | rd Ritchie         |           |                      |
|   | First Name      | Middle Name        | Last Name |                      |
| Debtor 2                                |                 |                    |           |                      |
| (Spouse if, filing)                     | First Name      | Middle Name        | Last Name |                      |
| United States Bankruptcy Court for the: |                 | DISTRICT OF NEBRAS | KA        |                      |
| Case number                             |                 |                    |           | Charle if this is an |
| (II KIIOWII)                            |                 |                    |           | Check if this is an  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for   |
|-----|---|---|
| 2.1 | Aaron Peck<br>2612 W 90th St<br>Sioux Falls, SD 57118   | Debtor has a joint month to month lease with Jennifer Raumaker for the property at 1025 N 50th Ave, Omaha, NE 68132 for \$875 per month. The lease expired in 2014. Debtor now leases month to month. |
| 2.2 | AT&T<br>7820 Dodge Street<br>Omaha, NE 68114  | Debtor has a cell phone contract with AT&T  |

| Fill in this info      | rmation to identify your                                  | Document case:  | Page 31 of           | 64   |                                    |                             |
|------------------------|---|---|----------------------|--|------------------------------------|-----------------------------|
| Debtor 1               | Kristopher Howa   | rd Ritchie  |                      |  |                                    |                             |
| Debtor 2               | First Name  | Middle Name   | Last Name            |  |                                    |                             |
| (Spouse if, filing)    | First Name  | Middle Name   | Last Name            |  |                                    |                             |
| United States E        | Bankruptcy Court for the:                                 | DISTRICT OF NEBRASKA  |                      |  |                                    |                             |
| Case number (if known) |   |   |                      |  | _                                  | if this is an<br>ded filing |
|                        | orm 106H<br>e H: Your Cod                                 | ebtors  |                      |  |                                    | 12/15                       |
| people are filin       | g together, both are equ<br>umber the entries in the      | re also liable for any debts you ally responsible for supplying boxes on the left. Attach the A. Answer every question. | correct informatio   | n. If more space is                                  | needed, copy the                   | Additional Page,            |
| 1. Do you              | have any codebtors? (If                                   | you are filing a joint case, do not   | list either spouse a | s a codebtor.  |                                    |                             |
| □ No<br>■ Yes          |   |   |                      |  |                                    |                             |
|                        |   | lived in a community property<br>Nevada, New Mexico, Puerto R   |                      |  |                                    | ories include               |
| ■ No. Go t             |   | use, or legal equivalent live with  | you at the time?     |  |                                    |                             |
| in line 2 aç           | gain as a codebtor only i<br>)), Schedule E/F (Official   | ors. Do not include your spou<br>f that person is a guarantor or<br>Form 106E/F), or Schedule G                         | cosigner. Make su    | ire you have listed                                  | the creditor on Sc                 | hedule D (Official          |
|                        | mn 1: Your codebtor<br>Number, Street, City, State and Zl | P Code  |                      | Column 2: The concheck all schedu                    | reditor to whom youles that apply: | ou owe the debt             |
| 1025                   | nifer Raumaker<br>5 N 50th Ave<br>aha, NE 68132           |   |                      | ☐ Schedule D, ☐ Schedule E/f ■ Schedule G Aaron Peck | =, line                            |                             |

# 

|             | in this information to identify your cotor 1  Kristopher I  | ase:<br>Howard Ritchie     |   |           |      |             |                           |                          |                                  |          |
|-------------|---|----------------------------|---|-----------|------|-------------|---------------------------|--------------------------|----------------------------------|----------|
|             | otor 2  |                            |   |           |      |             |                           |                          |                                  |          |
| Uni         | ted States Bankruptcy Court for the   | : DISTRICT OF NEBRA        | ASKA  |           |      |             |                           |                          |                                  |          |
|             | se number<br>   |                            | -   |           |      | □ A<br>□ A  |                           | ed filing<br>ent showin  | g postpetition<br>ollowing date: | chapter  |
| 0           | fficial Form 106I   |                            |   |           |      | M           | M / DD/ Y                 | /YYY                     | -                                |          |
| S           | chedule I: Your Inc   | ome                        |   |           |      |             | , 22, .                   |                          |                                  | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  t 1: Describe Employment  Fill in your employment | r spouse is not filing wi  | ith you, do not inclu                               | de infor  | mati | on about    | your spo<br>imber (if     | ouse. If mo<br>known). A | ore space is<br>Inswer every     | needed,  |
| ١.          | information.  |                            | Debtor 1  |           |      |             |                           |                          | ling spouse                      |          |
|             | If you have more than one job, attach a separate page with information about additional   | Employment status          | <ul><li>■ Employed</li><li>□ Not employed</li></ul> | d d       |      |             | ☐ Employed ☐ Not employed |                          |                                  |          |
|             | employers.  | Occupation                 | Service Advisor                                     |           |      |             |                           |                          |                                  |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Interstate Powe                                     | er Syste  | ms   | Inc         |                           |                          |                                  |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         | 2901 E 78th St<br>Minneapolis, M                    | N 5542    | 5-15 | 01          |                           |                          |                                  |          |
|             |   | How long employed t        | here? Octobe  | er 2013   |      |             | _                         |                          |                                  |          |
| Par         | Give Details About Mor  | nthly Income               |   |           |      |             |                           |                          |                                  |          |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to r                               | eport for | any  | line, write | \$0 in the                | space. Inc               | clude your nor                   | n-filing |
|             | u or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                            | ombine the informatio                               | n for all | empl | oyers for   | that perso                | on on the li             | nes below. If y                  | ou need  |
|             |   |                            |   |           |      | For Deb     | otor 1                    |                          | btor 2 or<br>ng spouse           |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |   | 2.        | \$   | 4,          | 606.81                    | \$                       | N/A                              |          |
| 3.          | Estimate and list monthly overt   | ime pay.                   |   | 3.        | +\$  |             | 0.00                      | +\$                      | N/A                              |          |
| 4.          | Calculate gross Income. Add lin   | ne 2 + line 3.             |   | 4.        | \$   | 4,60        | 06.81                     | \$                       | N/A                              |          |

| Debt | or 1                        | Kristopher Howard Ritchie   | -   | Case                                      | number (if known)  |                    |   |          |
|------|-----------------------------|---|---|---|--|--------------------|---|----------|
|      |                             |   |   | For                                       | Debtor 1   |                    | ebtor 2 or<br>ling spouse                     |          |
|      | Сор                         | y line 4 here   | 4.  | \$  | 4,606.81   | \$                 | N/A   |          |
| 5.   | List                        | all payroll deductions:   |   |   |  |                    |   |          |
|      | 5a.                         | Tax, Medicare, and Social Security deductions   | 5a.   | \$  | 921.00   | \$                 | N/A   |          |
|      | 5b.                         | Mandatory contributions for retirement plans  | 5b.   | \$  | 0.00   | \$                 | N/A   |          |
|      | 5c.                         | Voluntary contributions for retirement plans  | 5c.   | \$  | 0.00   | \$                 | N/A   |          |
|      | 5d.                         | Required repayments of retirement fund loans  | 5d.   | \$  | 0.00   | \$                 | N/A   |          |
|      | 5e.                         | Insurance   | 5e.   | \$  | 472.37   | \$                 | N/A   |          |
|      | 5f.                         | Domestic support obligations  | 5f.   | \$_                                       | 0.00   | \$                 | N/A   |          |
|      | 5g.                         | Union dues  | 5g.   | \$  | 0.00   | \$                 | N/A   |          |
|      | 5h.                         | Other deductions. Specify: 401K Loan 1  | _ 5h.+  | \$_                                       |  | + \$               | N/A   |          |
|      |                             | 401K Loan 2   | _   | \$_                                       | 192.24   | \$                 | N/A   |          |
|      |                             | Dental Insurance  | _   | \$  | 75.35  | \$                 | N/A   |          |
|      |                             | Vision Insurance  | _   | \$_<br>\$                                 | 5.46   | \$                 | N/A   |          |
|      |                             | HSA Savings<br>GTL  | _   | \$<br>_                                   | 108.33<br>1.30   | \$                 | N/A<br>N/A                                    |          |
|      |                             |   | _   | · —                                       |  | · —                |   |          |
| 6.   | Add                         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.  | \$_                                       | 1,860.63   | \$                 | N/A   |          |
| 7.   | Calc                        | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.  | \$_                                       | 2,746.18   | \$                 | N/A   |          |
| 8.   | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Son's contribution for cell phone and car insurance  Girlfriend's daughter's contribution for car insurance | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f.<br>8g. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>275.00<br>140.00 | \$\$<br>\$\$<br>\$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |          |
| 9.   | Add                         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.  | \$  | 415.00   | \$                 | N/A   | Ī        |
| 10   | Calc                        | culate monthly income. Add line 7 + line 9.   | 10. \$  |   | 3,161.18 + \$  |                    | N/A = \$                                      | 3,161.18 |
| 10.  |                             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |   |   | 3,101.10   |                    |   | 3,101.10 |
| 11.  | Inclu<br>othe               | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:   | depend  |   | •  | •                  | nedule J.<br>11. +\$                          | 0.00     |
| 12.  |                             | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies  |   |   |  |                    | 12. \$ <b>Combine</b>                         | 3,161.18 |

Official Form 106I Schedule I: Your Income page 2

monthly income

# 

| Debtor 1  | Kristopher Ho | ward Ritchie Case number (if known)  |  |  |  |  |
|---|---------------|--|--|--|--|--|
| 13. Do you expect an increase or decrease within the year after you file this form? |               |  |  |  |  |  |
|   | No.           |  |  |  |  |  |
|   | Yes. Explain: | 1. The Debtor's son pays about \$275 to the debtor for his cell phone and car insurance. |  |  |  |  |
|   |               | 2. The Debtor's girlfriend's daughter also pays the Debtor \$140 for car insurance.      |  |  |  |  |
|   |               | 3. Taxes estimated at 20%  |  |  |  |  |

Official Form 106I Schedule I: Your Income page 3

# WESTSIDE FOUNDATION JENNIFER RAUMAKER

| DATE       |            | NE. | TAMT     |
|------------|------------|-----|----------|
|            | 11/4/2016  | \$  | 561.95   |
|            | 11/18/2016 | \$  | 495.72   |
|            | 12/2/2016  | \$  | 464.73   |
|            | 12/16/2016 | \$  | 521.52   |
|            | 12/30/2016 | \$  | 494.84   |
|            | 1/13/2017  | \$  | 331.41   |
|            | 1/27/2017  | \$  | 385.87   |
|            | 2/10/2017  | \$  | 548.48   |
|            | 2/24/2017  | \$  | 525.51   |
|            | 3/10/2017  | \$  | 393.11   |
|            | 3/24/2017  | \$  | 506.00   |
|            |            | \$  | 5,229.14 |
| AVG NET MO | SALARY:    | Ś   | 1.030.68 |

|   | n this informe  | tion to identify                       | our ocear              |   |   |                  |                  |                               |
|---|---|--|------------------------|---|---|------------------|------------------|-------------------------------|
|   |   | tion to identify yo                    |                        |   |   |                  |                  |                               |
| Debt  | or 1  | Kristopher Howard Ritchie              |                        |   | Check if this is:  An amended filing                |                  |                  |                               |
| Debt  |   |  |                        |   |   |                  | supplement show  | ving postpetition chapter     |
| (Spo  | (Spouse, if filing)   |  |                        |   |   | 1                | 3 expenses as of | the following date:           |
| Unite   | ed States Bankr   | ruptcy Court for the                   | : DISTRI               | CT OF NEBRASKA  |   | N                | MM / DD / YYYY   |                               |
|   | e number<br>nown)   |  |                        |   |   |                  |                  |                               |
| Of  | ficial Fo   | rm 106J                                |                        |   |   |                  |                  |                               |
| Sc  | hedule  | J: Your                                | Exper                  | ises  |   |                  |                  | 12/15                         |
| Be a  | as complete a   | and accurate as                        | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this     |   |                  |                  |                               |
| Part  |   | ibe Your House                         | hold                   |   |   |                  |                  |                               |
| 1.  | Is this a joir  |  |                        |   |   |                  |                  |                               |
| ■ No. Go to line 2.  ☐ Yes, Does Debtor 2 live in a separate household? |   |  |                        |   |   |                  |                  |                               |
|   | ☐ No  |  |                        |   |   |                  |                  |                               |
|   |   |  | st file Offici         | al Form 106J-2, Expenses                                    | s for Separate House                                | ehold of Debto   | or 2.            |                               |
| 2. Do you have dependents? ☐ No   |   |  |                        |   |   |                  |                  |                               |
|   | Do not list Debtor 2.   |  |                        |   | Dependent's relationship to<br>Debtor 1 or Debtor 2 |                  | Dependent's age  | Does dependent live with you? |
|   | Do not state  | the                                    |                        |   |   |                  |                  | □ No                          |
|   | dependents  | names.                                 |                        |   | Son   |                  | 18               | Yes                           |
|   |   |  |                        |   |   |                  |                  | □ No<br>□ Yes                 |
|   |   |  |                        |   |   |                  |                  | ☐ Yes                         |
|   |   |  |                        |   |   |                  |                  | ☐ Yes                         |
|   |   |  |                        |   | -   |                  |                  | □ No                          |
| _   | _   |  |                        |   |   |                  |                  | ☐ Yes                         |
| 3.  |   | enses include<br>f people other t      | han <b>I</b>           | No  |   |                  |                  |                               |
|   |   | d your depende                         |                        | Yes   |   |                  |                  |                               |
| Part  | 2: Estim  | ate Your Ongoi                         | ng Month               | ly Expenses   |   |                  |                  |                               |
| Esti<br>exp   | mate your ex  | penses as of ye                        | our bankr              | uptcy filing date unless y<br>y is filed. If this is a supp |   |                  |                  |                               |
|   |   |  |                        | government assistance i                                     |   |                  |                  |                               |
|   | value of sucl<br>icial Form 10  |  | d have inc             | cluded it on Schedule I: \                                  | our Income  |                  | Your expe        | enses                         |
|   |   |  |                        |   |   |                  |                  |                               |
| 4.  |   | or home owners<br>and any rent for the |                        | ses for your residence. I<br>or lot.                        | nclude first mortgage                               | 4. \$            |                  | 875.00                        |
|   | If not includ   | led in line 4:                         |                        |   |   |                  |                  |                               |
|   | 4a. Real e  | estate taxes                           |                        |   |   | 4a. \$           |                  | 0.00                          |
|   | •   | rty, homeowner's                       |                        |   |   | 4b. \$           |                  | 0.00                          |
|   |   |  | •                      | upkeep expenses   |   | 4c. \$<br>4d. \$ |                  | 0.00                          |
| 5.  | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as home equity loans |  |                        |   |   | 4u. \$<br>5. \$  |                  | 0.00                          |

## Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 37 of 64

| Deb | tor 1  | Kristopher Howard Ritchie  | Case num | ber (if known) |          |
|-----|--------|--|----------|----------------|----------|
| 6.  | Utilit | ies:   |          |                |          |
|     | 6a.    | Electricity, heat, natural gas   | 6a.      | \$             | 140.00   |
|     | 6b.    | Water, sewer, garbage collection   | 6b.      | \$             | 140.00   |
|     | 6c.    | Telephone, cell phone, Internet, satellite, and cable services   | 6c.      | \$             | 0.00     |
|     | 6d.    | Other. Specify: Cable  | 6d.      | \$             | 120.00   |
|     |        | Cell Phone   |          | \$             | 275.00   |
| 7.  | Food   | and housekeeping supplies  |          | \$             | 250.00   |
| 8.  | Child  | Icare and children's education costs   | 8.       | \$             | 0.00     |
| 9.  | Cloth  | ning, laundry, and dry cleaning  | 9.       | \$             | 100.00   |
| 10. | Pers   | onal care products and services  | 10.      | \$             | 100.00   |
| 11. | Medi   | cal and dental expenses  | 11.      | \$             | 0.00     |
| 12. | Trans  | sportation. Include gas, maintenance, bus or train fare.   |          |                | 250.00   |
|     |        | ot include car payments.   | 12.      |                | 250.00   |
|     |        | rtainment, clubs, recreation, newspapers, magazines, and books   | 13.      | · ·            | 60.00    |
| 14. | Char   | itable contributions and religious donations   | 14.      | \$             | 0.00     |
| 15. |        | rance.   |          |                |          |
|     |        | ot include insurance deducted from your pay or included in lines 4 or 20.  | 4.5      | •              |          |
|     |        | Life insurance   | 15a.     |                | 0.00     |
|     |        | Health insurance   | 15b.     |                | 0.00     |
|     |        | Vehicle insurance  | 15c.     |                | 425.00   |
|     |        | Other insurance. Specify:  | 15d.     | \$             | 0.00     |
|     | Spec   | <ul><li>s. Do not include taxes deducted from your pay or included in lines 4 or 20.</li><li>ify: Vehicle Tax &amp; Registration</li></ul>     | 16.      | \$             | 10.00    |
| 17. |        | Ilment or lease payments:  |          | _              |          |
|     |        | Car payments for Vehicle 1   | 17a.     |                | 0.00     |
|     |        | Car payments for Vehicle 2   | 17b.     | · ·            | 0.00     |
|     |        | Other. Specify:  | 17c.     |                | 0.00     |
|     |        | Other. Specify:  | 17d.     | \$             | 0.00     |
| 18. |        | payments of alimony, maintenance, and support that you did not report as   | 18.      | \$             | 0.00     |
| 10  |        | ncted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  It payments you make to support others who do not live with you. | 10.      | \$             | 0.00     |
| 19. | Spec   |  | 19.      | Ψ              | 0.00     |
| 20  |        | r real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>   |          | our Income     |          |
| 20. |        | Mortgages on other property  | 20a.     |                | 0.00     |
|     |        | Real estate taxes  | 20b.     |                | 0.00     |
|     |        | Property, homeowner's, or renter's insurance   | 20c.     | ·              | 0.00     |
|     |        | Maintenance, repair, and upkeep expenses   | 20d.     | · ·            | 0.00     |
|     |        | Homeowner's association or condominium dues  | 20e.     | ·              | 0.00     |
| 21  |        | r: Specify: Pet Expenses   |          | +\$            | 75.00    |
|     |        | · · ·  |          | ΙΨ             | 75.00    |
| 22. |        | ulate your monthly expenses<br>Add lines 4 through 21.   |          | \$             | 2 222 22 |
|     |        | •  |          |                | 2,820.00 |
|     |        | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |          | \$             |          |
|     |        | Add line 22a and 22b. The result is your monthly expenses.   |          | \$             | 2,820.00 |
| 23. |        | ulate your monthly net income.   |          | _              |          |
|     |        | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.     | ·              | 3,161.18 |
|     | 23b.   | Copy your monthly expenses from line 22c above.  | 23b.     | -\$            | 2,820.00 |
|     | 23c.   | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  | 23c.     | \$             | 341.18   |
|     |        |  |          |                |          |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: 1. Debtor's girlfriend's income and expenses are attached to Schedules I & J.

- 2. Debtor's girlfriend pays the payment on the dirtbike to Freedom Financial.
- 3. Debtor's girlfriend's daughter also lives with them but she will be leaving for college on August.

### JENNIFER'S EXPENSES

Cell phone \$ 170

Cable \$ 121

Food \$ 250

Clothing \$ 60

Transportation \$ 100

Car payment \$ 310

Dirt bike \$ 70

Total: \$ \$1081

# 

| Debtor 1                                 | Kristopher Howa   | rd Pitchia                 |                            |   |   |
|--|---|----------------------------|----------------------------|---|---|
| Debior 1                                 | First Name  | Middle Name                | Last Name                  |   |   |
| Debtor 2                                 |   |                            |                            |   |   |
| (Spouse if, filing                       | ) First Name  | Middle Name                | Last Name                  |   |   |
| United State                             | s Bankruptcy Court for the:   | DISTRICT OF NEBRASKA       | A                          |   |   |
| Case numbe                               | er  |                            |                            |   |   |
| (if known)                               |   |                            |                            |   | ☐ Check if this is an   |
|  |   |                            |                            |   | amended filing  |
|  |   |                            |                            |   |   |
| Official F                               | orm 106Dec  |                            |                            |   |   |
|  |   | an Individual I            | Debtor's Sci               | nedules   | 12/15   |
|  |   |                            |                            |   |   |
|  |   |                            |                            |   |   |
|  | Sign Below  |                            |                            |   |   |
| Did yo                                   |   | eone who is NOT an attorne | ey to help you fill out ba | nkruptcy forms?   |   |
| Did yo<br>■ N                            | u pay or agree to pay some  | one who is NOT an attorne  | ey to help you fill out ba | nkruptcy forms?   |   |
| ■ N                                      | u pay or agree to pay some  | eone who is NOT an attorne | ey to help you fill out ba |   | cy Petition Preparer's Notice,                                    |
| ■ N                                      | u pay or agree to pay some  | eone who is NOT an attorne | ey to help you fill out ba | Attach <i>Bankrupt</i>                                      | cy Petition Preparer's Notice,<br>I Signature (Official Form 119) |
| ■ No Property No.                        | u pay or agree to pay some o es. Name of person   | eone who is NOT an attorne |                            | Attach Bankrupt  Declaration, and                           | Signature (Official Form 119)                                     |
| ■ No | u pay or agree to pay some  es. Name of person  penalty of perjury, I declare by are true and correct.  | that I have read the summa |                            | Attach Bankrupt  Declaration, and                           | Signature (Official Form 119)                                     |
| Under that the                           | u pay or agree to pay some oes. Name of person oenalty of perjury, I declare  | that I have read the summa | ary and schedules filed    | Attach Bankrupt  Declaration, and  with this declaration ar | Signature (Official Form 119)                                     |
| Under that the                           | u pay or agree to pay some  es. Name of person  penalty of perjury, I declare by are true and correct.  Kristopher Howard Ritc                        | that I have read the summa | ary and schedules filed    | Attach Bankrupt  Declaration, and  with this declaration ar | Signature (Official Form 119)                                     |
| Under pathat the  X /s/ Kri Sig          | u pay or agree to pay some o es. Name of person penalty of perjury, I declare by are true and correct.  Kristopher Howard Ritc stopher Howard Ritchie | that I have read the summa | ary and schedules filed    | Attach Bankrupt  Declaration, and  with this declaration ar | Signature (Official Form 119)                                     |

## Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 40 of 64

| Fill | in this inform                                 | ation to identify you                      | r casa:  |   |   |   |
|------|--|--|--|---|---|---|
|      | otor 1   | Kristopher Howa                            |  |   |   |   |
| Der  | noi i  | First Name                                 | Middle Name  | Last Name   |   |   |
|      | otor 2<br>use if, filing)                      | First Name                                 | Middle Name  | Last Name   |   |   |
|      |  | kruptcy Court for the:                     | DISTRICT OF NEBRASK  |   |   |   |
| _    |  | intropied Court for the.                   | DIGITAL OF THE DIGITAL OF  |   |   |   |
|      | se number                                      |  |  |   | -   | Check if this is an mended filing                     |
| Sta  |  | of Financial                               | Affairs for Individ  |   | ankruptcy   | 4/10  |
| info | rmation. If me                                 |  | attach a separate sheet to   |   | y additional pages, write you                                   |   |
| Par  | t 1: Give D                                    | etails About Your Ma                       | arital Status and Where You  | Lived Before  |   |   |
| 1.   | What is your                                   | current marital statu                      | ıs?  |   |   |   |
|      | <ul><li>□ Married</li><li>■ Not marr</li></ul> | ried                                       |  |   |   |   |
| 2.   | During the la                                  | st 3 years, have you                       | lived anywhere other than  | where you live now?                                   |   |   |
|      | ■ No □ Yes. List                               | all of the places you I                    | ived in the last 3 years. Do no  | ot include where you live now                         | <i>ı</i> .  |   |
|      | Debtor 1 Pri                                   | or Address:                                | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|      |  |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|      | ■ No □ Yes. Mal                                | ke sure you fill out <i>Scl</i>            | nedule H: Your Codebtors (O  | fficial Form 106H).                                   |   |   |
| Par  | t 2 Explain                                    | n the Sources of You                       | r Income   |   |   |   |
| 4.   | Fill in the total                              | amount of income yo                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                       |   | ndar years?   |
|      | □ No ■ Yes. Fill                               | in the details.                            |  |   |   |   |
|      |  |  | Debtor 1   |   | Debtor 2  |   |
|      |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|      |  | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$15,329.88   | ☐ Wages, commissions, bonuses, tips                             |   |
|      |  |  | ☐ Operating a business   |   | ☐ Operating a business  |   |

Page 41 of 64 Case number (if known) Document

Debtor 1 Kristopher Howard Ritchie

|   |   |  |   | Debtor 1   |   | Debtor 2  |   |
|---|---|--|---|--|---|---|---|
| For last calendar year:<br>(January 1 to December 31, 2016) |   | Sources of income<br>Check all that apply.           | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions)                     |   |   |
|   |   | ■ Wages, commissions, bonuses, tips                  | \$42,822.00   | ☐ Wages, commissions, bonuses, tips  |   |   |   |
|   |   |  |   | ☐ Operating a business   |   | ☐ Operating a business  |   |
|   |   | dar year befo<br>December 31                         |   | ■ Wages, commissions, bonuses, tips  | \$37,021.00   | ☐ Wages, commissions, bonuses, tips   |   |
|   |   |  |   | ☐ Operating a business   |   | ☐ Operating a business  |   |
| Ir<br>a<br>w  | nclude ind<br>nd other<br>vinnings.<br>ist each s | come regardle<br>public benefit<br>If you are filing | ss of wheth payments; g a joint cas                   | ner that income is taxable. Ex<br>pensions; rental income; inte<br>se and you have income that |   | •   |   |
|   |   |  |   | Debtor 1   |   | Debtor 2  |   |
|   |   |  |   | Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income Describe below.   | Gross income<br>(before deductions<br>and exclusions) |
|   |   | / 1 of current<br>filed for bank                     |   | 2016 Federal Income \$3,001.00<br>Tax Return received<br>in 2017                               |   |   |   |
|   |   |  |   | 2016 State Tax<br>Refund received in<br>2017   | \$1,091.00  |   |   |
|   |   | dar year:<br>December 31                             | , 2016 )  | 2015 State Tax<br>Refund received in<br>2016   | \$1,265.00  |   |   |
|   |   |  |   | 2015 Federal Tax<br>Refund rceived in<br>2016  | \$4,727.00  |   |   |
| Part 3  | 3: Lis  | t Certain Pavr                                       | ments You   | Made Before You Filed for  | Bankruptcy  |   |   |
|   |   | •  |   |  |   |   |   |
| 6. A  | _   | <b>Neither Deb</b>                                   | tor 1 nor D   | 's debts primarily consume<br>Debtor 2 has primarily cons<br>personal, family, or househo      | umer debts. Consumer debts  | s are defined in 11 U.S.C. § 10   | 01(8) as "incurred by an                              |
|   |   | During the 90  | O days befo   | ore you filed for bankruptcv. d  | id you pay any creditor a total   | I of \$6,425* or more?  |   |
|   |   | - ĭ  | Go to line 7  |  | . , , ,   |   |   |
|   |   | <u> </u>   | paid that cronot include                              | editor. Do not include payme payments to an attorney for t                                     | nts for domestic support oblig<br>his bankruptcy case.                    | n one or more payments and<br>ations, such as child support<br>or after the date of adjustmer | and alimony. Also, do                                 |
|   |   | Subject to   | aujustitien   | ton 4/01/19 and every 3 year   | s anter man for cases filed on  | or after the date of adjustmen  | ıt.   |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 42 of 64 Case number (if known)

|   |  | <b>/e primarily consumer de</b><br>d for bankruptcy, did you p |   | al of \$600 or more?                       | ?   |
|---|--|--|---|--|---|
| □ No.<br>■ Yes  |  | domestic support obligatio                                     |   |  | you paid that creditor. Do not<br>Also, do not include payments to an   |
| Creditor's Name and   | l Address  | Dates of payment   | Total amount                                      | Amount you still owe                       | Was this payment for  |
| Aaron Peck<br>2612 W 90th St<br>Sioux Falls, SD 57                              | 118  | 2/3/2017 3/3/2017<br>4/3/2017                                  | \$2,625.00  | \$0.00                                     | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other Rent   |
| USAA Auto Insura<br>9800 Fredericksbu<br>San Antonio, TX 7                      | ırg Road   | 2/2017 3/2017<br>4/2017  | \$1,275.00  | \$0.00                                     | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other <u>Car</u> Insurance/Renters Insurance   |
| Sols Jewelry and<br>14207 U St<br>Omaha, NE 68138                               | Pawn Shop  | 2/2017   | \$600.00  | \$0.00                                     | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Debtor pawned his Deser Eagle handgun in Nov 2016 for \$400, redeemed it for \$600 in Febr 2017. |
| Insiders include your roof which you are an off a business you operate alimony. | elatives; any general pa<br>icer, director, person in<br>e as a sole proprietor. 1 | control, or owner of 20%                                       | neral partners; partne<br>or more of their voting | erships of which yo<br>g securities; and a | was an insider?  u are a general partner; corporations  ny managing agent, including one for  s, such as child support and  |
| Insider's Name and  | ents to an insider.  Address   | Dates of payment   | Total amount                                      | Amount you                                 | Reason for this payment   |
| Dylan Ritchie<br>250 1st Ave<br>East Ellijay, GA 30                             | 0539   | March 2017   | paid<br>\$500.00                                  | still owe<br>\$0.00                        |   |

7.

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Document Page 43 of 64 Case number (if known) Debtor 1 Kristopher Howard Ritchie Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600
Charity's Name
Address (Number, Street, City, State and ZIP Code)

Describe what you contributed contributed

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Value

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main

Debtor 1 Kristopher Howard Ritchie

Document Page 44 of 64
Case number (if known)

|     | or gambling?  |                        |  |               |   |                        |
|-----|---|------------------------|--|---------------|---|------------------------|
|     | ■ No  |                        |  |               |   |                        |
|     | Yes. Fill in the details.   |                        |  |               |   |                        |
|     | how the loss occurred   | nclude                 | be any insurance coverage for the lose the amount that insurance has paid. Lis | t pending     | Date of your loss                       | Value of property lost |
|     | ir  | nsurar                 | nce claims on line 33 of Schedule A/B: Pr                                      | roperty.      |   |                        |
| Par | t 7: List Certain Payments or Transfers   |                        |  |               |   |                        |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or produced any attorneys, bankruptcy petition pre-  | eparii                 | ng a bankruptcy petition?  |               |   | rty to anyone you      |
|     | □ No  |                        |  |               |   |                        |
|     | Yes. Fill in the details.   |                        |  |               |   |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo  | u                      | Description and value of any proper transferred                                | ty            | Date payment or transfer was made       | Amount of payment      |
|     | John T. Turco & Associates, P.C.,<br>L.L.O.<br>2580 South 90th Street<br>Omaha, NE 68124  |                        | \$343 less credit report (\$33) less<br>fee \$310).                            | s filing      | 3/1/17                                  | \$343.00               |
|     | Debtor Ed's Credit Counseling Inc.<br>627 Hearthglen Blvd<br>Winter Garden, FL 34787  |                        | Debtors education class-<br>Pre-bankruptcy "Debt Education<br>Course"          | 1             | 3/19/17                                 | \$15.00                |
| 17. | Within 1 year before you filed for bankrupt<br>promised to help you deal with your credit<br>Do not include any payment or transfer that you  | tors o                 | r to make payments to your creditors?  |               | or transfer any prope                   | rty to anyone who      |
|     | ■ No  |                        |  |               |   |                        |
|     | Yes. Fill in the details.   |                        |  |               |   |                        |
|     | Person Who Was Paid<br>Address  |                        | Description and value of any proper transferred                                | ty            | Date payment<br>or transfer was<br>made | Amount of payment      |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreated No  Yes. Fill in the details. | <b>busin</b><br>nade a | less or financial affairs?<br>as security (such as the granting of a sec       |               |   |                        |
|     | Person Who Received Transfer  |                        | Description and value of   | Describe a    | any property or                         | Date transfer was      |
|     | Address Person's relationship to you  |                        | property transferred   |               | received or debts                       | made                   |
|     | . ,   |                        |  |               |   |                        |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-p  No Yes. Fill in the details.  |                        |  | f-settled tru | ıst or similar device                   | of which you are a     |
|     | Name of trust   |                        | Description and value of the propert   | ty transform  | ad                                      | Date Transfer was      |
|     | Name of trust   |                        | bescription and value of the propert   | y iransiem    | cu                                      | made                   |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 45 of 64 Case number (if known)

Debtor 1 Kristopher Howard Ritchie

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of Type of account or Name of Financial Institution and Last balance Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Do you still Who else had access to it? Describe the contents Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Do you still Who else has or had access Describe the contents Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Name of site

Yes. Fill in the details.

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Document Page 46 of 64 Case number (if known)

Debtor 1 Kristopher Howard Ritchie

| 25. Have you notified any governmental unit of any release of hazardous material? |       |   |  |   |                    |  |
|---|-------|---|--|---|--------------------|--|
|   |       | No  |  |   |                    |  |
|   |       | Yes. Fill in the details.   |  |   |                    |  |
|   |       | nme of site Idress (Number, Street, City, State and ZIP Code)                         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice     |  |
| 26.   | Hav   | ve you been a party in any judicial or adm  | inistrative proceeding under any envir                                     | onmental law? Include settlements a   | nd orders.         |  |
|   |       | No<br>Yes. Fill in the details.   |  |   |                    |  |
|   |       | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case  | Status of the case |  |
| Par   | t 11: | Give Details About Your Business or C   | Connections to Any Business  |   |                    |  |
| 27.   | Wit   | hin 4 years before you filed for bankrupto  | cy, did you own a business or have any                                     | of the following connections to any   | business?          |  |
|   |       | ☐ A sole proprietor or self-employed in   | a trade, profession, or other activity,                                    | either full-time or part-time   |                    |  |
|   |       | ☐ A member of a limited liability compa   | any (LLC) or limited liability partnershi                                  | p (LLP)   |                    |  |
|   |       | ☐ A partner in a partnership  |  |   |                    |  |
|   |       | ☐ An officer, director, or managing exe   | cutive of a corporation  |   |                    |  |
|   |       | ☐ An owner of at least 5% of the voting   | or equity securities of a corporation                                      |   |                    |  |
|   |       | No. None of the above applies. Go to Pa   | art 12.  |   |                    |  |
|   |       | Yes. Check all that apply above and fill  | in the details below for each business.                                    |   |                    |  |
|   | Ad    | Isiness Name<br>Idress  | Describe the nature of the business  | Employer Identification number Do not include Social Security number or ITIN. |                    |  |
|   | (Nu   | imber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Dates business existed  |                    |  |
| 28.   |       | hin 2 years before you filed for bankrupto<br>titutions, creditors, or other parties. | ey, did you give a financial statement to                                  | o anyone about your business? Inclu   | de all financial   |  |
|   |       | No<br>Yes. Fill in the details below.   |  |   |                    |  |
|   | Ad    | ime<br>Idress<br>imber, Street, City, State and ZIP Code)                             | Date Issued  |   |                    |  |
|   |       |   |  |   |                    |  |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 47 of 64 Case number (if known)

| Part 1            | 2: Sign Below                            |   |  |
|-------------------|--|---|--|
| are tru<br>with a | e and correct. I understan               | ement of Financial Affairs and any attachments, and I declare under penalty of perjury that the ans<br>at making a false statement, concealing property, or obtaining money or property by fraud in conn<br>fines up to \$250,000, or imprisonment for up to 20 years, or both. |  |
| /s/ Kr            | istopher Howard Ritch                    |   |  |
|                   | opher Howard Ritchie<br>ture of Debtor 1 | Signature of Debtor 2   |  |
| Date              | April 20, 2017                           | Date  |  |
| Did yo ☐ No ■ Yes | . •                                      | our Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |  |
| Did yo            |  | e who is not an attorney to help you fill out bankruptcy forms?   |  |
| ■ No              | . Name of Person                         | the Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119).  |  |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 48 of 64

| In re | Kristopher H Ritchie |          | Case No. |  |
|-------|----------------------|----------|----------|--|
|       |                      | <u> </u> |          |  |

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS Attachment B

Statement of Financial Affairs #4:

2017 YTD Gross Wages-Interstate Power Systems Inc-\$13074.00

2016 Taxable Gross Wages as reported on 2016 Tax Returns - \$42,822.00

2015 Taxable Gross Wages as reported on 2015 Tax Returns-\$37,021.00

**Statement of Financial Affairs #5:** 

2016 Tax Refunds as reportedon 2016 Tax Returns- Federal \$3001.00 NE \$1091.00 Total: \$4092.00

Debtor used his tax refunds as follows:

\$900 to pay back rent

\$875 for rent

\$300 to pay off the 2012 Honda CRF450 motorcycle

\$600 to Sols to get gun out of pawnshop

\$500 as a gift to son to purchase a car

\$567 to catch up utilities

\$350 to purchase TV

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 49 of 64

| Fill in this information to identify your case:              |                           |  |  |
|--|---------------------------|--|--|
| Debtor 1   | Kristopher Howard Ritchie |  |  |
| Debtor 2<br>(Spouse, if filing)                              |                           |  |  |
| United States Bankruptcy Court for the: District of Nebraska |                           |  |  |
| Case number (if known)                                       |                           |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |  |  |
|-------|--|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part 1: | Calculate Your Average Monthly Income  |
|---------|--|
|         | Carcarate real reverage monthly moonie |

- 1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  |                                     |                       | <u> </u>                       |                  | <u> </u> |  |
|--|-------------------------------------|-----------------------|--------------------------------|------------------|----------|--|
|  |                                     |                       |                                | Columi<br>Debtor |          | Column B Debtor 2 or non-filing spouse |
| 2. Your gross wages, salary, tips, bonuses, overtime payroll deductions).  | , and co                            | ommissio              | ons (before all                | \$               | 4,606.80 | \$                                     |
| 3. <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | le payme                            | ents from             | a spouse if                    | \$               | 0.00     | \$                                     |
| 4. All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. | rt. Includ<br>old, your<br>spouse o | le regulaı<br>depende | contributions<br>nts, parents, | \$               | 0.00     | \$                                     |
| 5. Net income from operating a business, profession, or farm   | Debtor                              | r 1                   |                                |                  |          |  |
| Gross receipts (before all deductions)   | \$_                                 | 0.00                  |                                |                  |          |  |
| Ordinary and necessary operating expenses  | -\$_                                | 0.00                  |                                |                  |          |  |
| Net monthly income from a business, profession, or fa  | arm \$_                             | 0.00                  | Copy here -> 9                 | \$               | 0.00     | \$                                     |
| 6. Net income from rental and other real property  | Debtor                              | r 1                   |                                |                  |          |  |
| Gross receipts (before all deductions)   | \$                                  | 0.00                  |                                |                  |          |  |
| Ordinary and necessary operating expenses  | <b>-</b> \$ _                       | 0.00                  |                                |                  |          |  |
| Net monthly income from rental or other real property  | \$_                                 | 0.00                  | Copy here -> 9                 | \$               | 0.00     | \$                                     |
|  |                                     |                       |                                |                  |          |  |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 50 of 64

Kristopher Howard Ritchie Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Interest 0.01 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 4.606.81 4.606.81 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 4,606.81 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 4,606.81 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 4,606.81 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 55,281.72 15b. The result is your current monthly income for the year for this part of the form.

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 51 of 64

Kristopher Howard Ritchie Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 2 16c. Fill in the median family income for your state and size of household. 66.165.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 4,606.81 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 4,606.81 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 4,606.81 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 \$ 55,281.72 20b. The result is your current monthly income for the year for this part of the form 66,165.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Kristopher Howard Ritchie Kristopher Howard Ritchie Signature of Debtor 1 Date April 20, 2017 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 52 of 64

Debtor 1 Kristopher Howard Ritchie

Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 10/01/2016 to 03/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Interstate Power Systems

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$43,810.73}{56,121.66}\$ from check dated \$\frac{9/30/2016}{12/31/2016}\$.

This Year:

Current Year-to-Date Income: \$15,329.88 from check dated 3/31/2017 .

Income for six-month period (Current+(Ending-Starting)): \$27,640.81.

Average Monthly Income: \$4,606.80 .

#### Line 10 - Income from all other sources

Source of Income: Interest

Income by Month:

| 6 Months Ago: | 10/2016            | \$0.00 |
|---------------|--------------------|--------|
| 5 Months Ago: | 11/2016            | \$0.00 |
| 4 Months Ago: | 12/2016            | \$0.00 |
| 3 Months Ago: | 01/2017            | \$0.00 |
| 2 Months Ago: | 02/2017            | \$0.00 |
| Last Month:   | 03/2017            | \$0.03 |
|               | Average per month: | \$0.01 |

### Non-CMI - Excluded Other Income

Source of Income: Fed Tax Refund

Income by Month:

| 6 Months Ago: | 10/2016            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2016            | \$0.00     |
| 4 Months Ago: | 12/2016            | \$0.00     |
| 3 Months Ago: | 01/2017            | \$0.00     |
| 2 Months Ago: | 02/2017            | \$2,937.00 |
| Last Month:   | 03/2017            | \$0.00     |
|               | Average per month: | \$489.50   |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 53 of 64

**Kristopher Howard Ritchie** Debtor 1 Case number (if known)

#### Non-CMI - Excluded Other Income

Source of Income: Honda payments from son

Income by Month:

| 6 Months Ago: | 10/2016            | \$1,300.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2016            | \$0.00     |
| 4 Months Ago: | 12/2016            | \$300.00   |
| 3 Months Ago: | 01/2017            | \$0.00     |
| 2 Months Ago: | 02/2017            | \$0.00     |
| Last Month:   | 03/2017            | \$0.00     |
|               | Average per month: | \$266.67   |

### Non-CMI - Excluded Other Income

Source of Income: Reimbursement for ins and cell phone pmt

Income by Month:

| 6 Months Ago: | 10/2016            | \$775.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 11/2016            | \$138.00 |
| 4 Months Ago: | 12/2016            | \$0.00   |
| 3 Months Ago: | 01/2017            | \$222.00 |
| 2 Months Ago: | 02/2017            | \$0.00   |
| Last Month:   | 03/2017            | \$0.00   |
|               | Average per month: | \$189.17 |

### Non-CMI - Excluded Other Income

Source of Income: Sale of Tools

Income by Month:

| 6 Months Ago: | 10/2016            | \$0.00  |
|---------------|--------------------|---------|
| 5 Months Ago: | 11/2016            | \$55.00 |
| 4 Months Ago: | 12/2016            | \$0.00  |
| 3 Months Ago: | 01/2017            | \$0.00  |
| 2 Months Ago: | 02/2017            | \$0.00  |
| Last Month:   | 03/2017            | \$0.00  |
|               | Average per month: | \$9.17  |

### Non-CMI - Excluded Other Income

Source of Income: State Tax refund

Income by Month:

| 6 Months Ago: | 10/2016            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2016            | \$0.00     |
| 4 Months Ago: | 12/2016            | \$0.00     |
| 3 Months Ago: | 01/2017            | \$0.00     |
| 2 Months Ago: | 02/2017            | \$1,091.00 |
| Last Month:   | 03/2017            | \$0.00     |
|               | Average per month: | \$181.83   |
|               |                    |            |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 54 of 64

| Debtor 1  | Kristopher Howard Ritchie  | J | Case number (if known) |  |
|-----------|----------------------------|---|------------------------|--|
| Non-CM    | II - Excluded Other Income |   |                        |  |
| Source of | of Income: Transfers       |   |                        |  |

| Source of Income: Transfers |         |
|-----------------------------|---------|
| Income by Month:            |         |
|                             | 40/0040 |

| 6 Months Ago: | 10/2016            | \$350.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 11/2016            | \$480.00 |
| 4 Months Ago: | 12/2016            | \$676.63 |
| 3 Months Ago: | 01/2017            | \$424.00 |
| 2 Months Ago: | 02/2017            | \$650.00 |
| Last Month:   | 03/2017            | \$100.00 |
|               | Average per month: | \$446.77 |
|               |                    |          |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Resources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 59 of 64

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of Nebraska

| In re       | Kristopher Howard Ritchie   |   | Case No.   |                                    |  |  |
|-------------|---|---|--|------------------------------------|--|--|
|             |   | Debtor(s)   | Chapter  | 13                                 |  |  |
|             | DISCLOSURE OF COMPEN  | NSATION OF ATTO   | ORNEY FOR DI   | ERTOR(S)                           |  |  |
| 1 D         |   |   |  |                                    |  |  |
| co          | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |   |  |                                    |  |  |
|             | For legal services, I have agreed to accept   |   | \$   | *                                  |  |  |
|             | Prior to the filing of this statement I have received   |   | \$   | 0.00                               |  |  |
|             | Balance Due   |   |  | *                                  |  |  |
| 2. \$_      | \$310.00 of the filing fee has been paid. *Attorney fees provided for in Chapter 13 Plan  |   |  |                                    |  |  |
| 3. T        | The source of the compensation paid to me was:  |   |  |                                    |  |  |
|             | ✓ Debtor  |   |  |                                    |  |  |
| 4. T        | The source of compensation to be paid to me is:   |   |  |                                    |  |  |
|             | ✓ Debtor  |   |  |                                    |  |  |
| 5. <b>v</b> | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm   |   |  |                                    |  |  |
|             | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.  |   |  |                                    |  |  |
| 6. II       | n return for the above-disclosed fee, I have agreed to ren  | nder legal service for all asp  | ects of the bankruptcy   | case, including:                   |  |  |
|             | Preparation and filing of any petition, schedules, state [Other provisions as needed]  Communications with creditors; prepara of liens on household goods, judicial lien liens, in writing) and relief from stay act agreement and terms and conditions set   | ation and filing of motio<br>n avoidances (Debtor re<br>tions. All services perfo | ns pursuant to 11 U<br>quired to inform co<br>rmed subject to ho | unsel of existence of such         |  |  |
| 7. B        | 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions or any other adversary proceeding and all other terms and conditions as set forth in writing between Attorney and Debtor(s).   |   |  |                                    |  |  |
|             |   | CERTIFICATION   |  |                                    |  |  |
|             | certify that the foregoing is a complete statement of any ankruptcy proceeding.   | agreement or arrangement  | for payment to me for i  | representation of the debtor(s) in |  |  |
| Ap          | oril 20, 2017   | /s/Ashley A. Buh  |  |                                    |  |  |
| Da          | ite   | Ashley A. Buhi<br>Signature of Attor  |  |                                    |  |  |
|             |   |   | **************************************                           | L.L.O.                             |  |  |
|             |   | 2580 South 90t  | h St.  |                                    |  |  |
|             |   | Omaha, NE 681   |  | _                                  |  |  |
|             |   |   | Fax: (402) 934-284   | 8                                  |  |  |
|             |   | Jonn.turco@jor<br>Name of law firm  | nnturcolaw.com   |                                    |  |  |

Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 60 of 64

### United States Bankruptcy Court District of Nebraska

|   | District of 1 (corusina                       |                     |                       |  |  |  |  |  |
|---|---|---------------------|-----------------------|--|--|--|--|--|
| In re Kristopher Howard Ritchie             |   | Case No.            |                       |  |  |  |  |  |
|   | Debtor(s)                                     | Chapter             | 13                    |  |  |  |  |  |
|   |   |                     |                       |  |  |  |  |  |
|   |   |                     |                       |  |  |  |  |  |
| VERIFICATION OF CREDITOR MATRIX             |   |                     |                       |  |  |  |  |  |
|   |   |                     |                       |  |  |  |  |  |
|   |   |                     |                       |  |  |  |  |  |
|   |   |                     | 61: 4 1 1 1           |  |  |  |  |  |
| The above-named Debtor hereby verifies that | at the attached list of creditors is true and | correct to the best | of his/her knowledge. |  |  |  |  |  |
|   |   |                     |                       |  |  |  |  |  |
| Date: April 20, 2017                        | /s/ Kristopher Howard Ritch                   | ie                  |                       |  |  |  |  |  |
|   | Kristonher Howard Ritchie                     |                     |                       |  |  |  |  |  |

Signature of Debtor

Aaron Peck 2612 W 90th St Sioux Falls, SD 57118

Allied Interstate 7525 West Campus Road New Albany, OH 43054

American Honda Finance 3625 W Royal Lane Irving, TX 75063

AT T 7820 Dodge Street Omaha, NE 68114

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

California Advanced Imagine Medical Asso PO Box 6102 Novato, CA 94948

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One PO Box 30281 Salt Lake City, UT 84130-0281

CHI Health Business Office 2301 N 117th Ave Ste 100 Omaha, NE 68164

Creditors Bureau 757 L St Fresno, CA 93721

Dell Financial Services Attn: Bankruptcy Po Box 81577 Austin, TX 78708

Douglas County Attorney 1819 Farnam Street Civic Center, Suite 909 Omaha, NE 68183

Douglas County Treasurer 1819 Farnam Street, H-02 Omaha, NE 68183

Encore Receivable Management 400 N Rogers Rd PO Box 3330 Olathe, KS 66063

Freedom Road Financial 10509 Professional Cir S Reno, NV 89521

Global Credit Collection 5440 N. Cumberland Ave Ste 300 Chicago, IL 60656-1490

Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Jennifer Raumaker 1025 N 50th Ave Omaha, NE 68132

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

MCA 4005 S 148th St Omaha, NE 68137 Nebraska Department of Revenue Attn: Bankruptcy Unit P.O. Box 94818 Lincoln, NE 68509-4818

Nebraska Orthopedic Hospital 2808 S. 143rd Plaza Omaha, NE 68144

Orthowest 2725 South 144th St., Suite 212 Omaha, NE 68144

PayPal Credit PO Box 105658 Atlanta, GA 30348

Syncb/car Care Disc Ti C/o Po Box 965068 Orlando, FL 32896

Syncb/car Care Syn Car C/o Po Box 965068 Orlando, FL 32896

Syncb/PLCC Attn: Bankruptcy Po Box 965064 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/HH Gregg Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

## Case 17-80548-TLS Doc 1 Filed 04/20/17 Entered 04/20/17 16:06:55 Desc Main Document Page 64 of 64

TekCollect Inc Po Box 1269 Columbus, OH 43216

Vital Recovery Services 3795 Data Dr, Ste 200 Norcross, GA 30092

Wells Fargo PO Box 29779 Phoenix, AZ 85038